

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, October 16, 2012 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Michael called the meeting to order.

Present: Chairman Edward L. Michael and Directors Luis Muñoz, MD, MPH and Carmen Velasquez (3)  
Mary Driscoll (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

David Barker, MD – Ruth M. Rothstein CORE  
Center of Cook County  
Krishna Das, MD – System Interim Director of  
Quality and Patient Safety  
David Goldberg, MD – John H. Stroger, Jr. Hospital  
of Cook County  
Helen Haynes – System Associate General Counsel  
Bala Hota, MD – System Interim Chief Information  
Officer

Enrique Martinez, MD – Ambulatory and  
Community Health Network of Cook County  
Terry Mason, MD – System Chief Medical Officer  
Linda Rae Murray, MD – Cook County Department  
of Public Health  
Tanda Russell – System Interim Chief Nursing  
Officer  
Deborah Santana – Secretary to the Board

## **II. Public Speakers**

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Emilie Junge Regional Coordinator, Doctors Council SEIU

## **III. Report from System Chief Medical Officer**

As part of his report, Dr. Terry Mason, System Chief Medical Officer, presented a short video that he received at a recent National Association of Public Hospitals and Health Systems (NAPH) conference; the video addressed the subject of hospital governing boards and their responsibilities toward quality.

Chairman Michael commented on the information contained in the video. He stated that it summarized in a cogent way the direction that the System needs to go. He noted that one of the discussion points for this meeting relates to data collection and measurement; the System needs to have a consensus on what are the “big dot” or System-wide issues or goals that are important - that discussion will begin today on what some of those “big dot” items might be.

## **IV. Report from System Interim Chief Nursing Officer**

Tanda Russell, System Interim Chief Nursing Officer, provided an update on staffing and recruitment activities. She stated that there are approximately two hundred (200) registered nurse vacancies System-wide. She added that she is working on finalizing a nursing dashboard; the dashboard should be ready to be presented at the next Committee Meeting.

**V. Report from System Interim Director of Quality and Patient Safety (Attachment #1)**

Dr. Krishna Das, System Interim Director of Quality and Patient Safety, provided an overview of her report regarding The Joint Commission and the preparations for the upcoming survey at John H. Stroger, Jr. Hospital of Cook County. Subjects covered in the report included the following: Survey Overview; Areas of Emphasis; Preparation Plans; and Messages to Staff. The Committee reviewed and discussed the information.

Following the presentation of the report, Chairman Michael stated that it is expected that an educational session will be provided on the subject for the Committee Members following the November meeting.

**VI. Recommendations, Discussion/Information Items****A. Reports from the Medical Staff Executive Committees****i. Provident Hospital of Cook County****ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, was unable to attend this meeting as he was attending a conference; he will provide a report at the next Committee Meeting.

Dr. David Goldberg, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided a summary of the following subjects that have discussed at recent meetings of the EMS: The Joint Commission survey preparations; Meaningful Use; Patient Experience; Section 1115 Waiver – financial and care provision components; and Schwartz Rounds.

Director Velasquez inquired regarding the subject of reduction in productivity related to the implementation of electronic medical records; this was referenced earlier by a public speaker during the portion of the meeting reserved for public testimony. Dr. Goldberg stated that in his clinic, the numbers are no different; it sometimes requires a little bit more time in the actual clinic setting to finish the work. He added that many of the doctors are connected online, so more people are either staying late or taking work home for evenings and weekends to complete their documentation. He stated that he did not think that the upgrade to the EMR system was at the expense of the number of patient encounters overall. Chairman Michael noted that this is a good example of a subject to which the Committee should pay attention, particularly as it moves forward with the discussion of quality measures.

Dr. Mason clarified that the electronic medical record system is being upgraded – this is not a first-time implementation. The following individuals provided further comments on the subject: Dr. Enrique Martinez, Interim Chief Operating Officer of the Ambulatory and Community Health Network of Cook County (ACHN); and Dr. David Barker, Chief Medical Officer of the Ruth M. Rothstein CORE Center of Cook County. With regard to productivity in the ACHN clinics for August, Dr. Martinez stated that the number of visits in the clinics was approximately 50,000 visits for the month; in September, there was a two or three percent (2-3%) reduction in the visits, but overall, the numbers were pretty much the same. Dr. Barker stated that the CORE Center is meeting almost all of the requirements of Meaningful Use; he noted that the one requirement that that staff is struggling with is the “depart process.”

**VII. Recommendations, Discussion/Information Items (continued)****B. Updates on the following topics:**

- **Electronic Medical Records (EMRs)** (Attachment #2)

Overview of current EMR and reports generated using the EMR database; discussion of development of new reports/uses of EMR to improve patient care

Dr. Bala Hota, System Interim Chief Information Officer, presented the update on EMRs, which included information on the following subjects: Current State of EHR; Functionality Added; Challenges; Roadmap for Quality Measurement; Open Source Reporting Server; Waiver Registry-Technology Stack; Development of Rules; Rules Development-Pediatric; and Barriers. The Committee reviewed and discussed the information.

Chairman Michael inquired whether all users had completed the online training. Dr. Hota responded that approximately 98% of nursing staff and over 70% of the physicians had completed the training. With regard to feedback received from the users regarding the training, he stated that the biggest complaint was that it took a long time, as the total time to go through all of the modules is approximately four (4) hours. Chairman Michael inquired regarding any other training opportunities offered to users who may need additional training assistance. Dr. Hota stated that currently, within the Cerner application, there is a tool called "Learning Live" that is available to all Cerner users. There is currently one-half (1/2) of a full-time equivalent employee (FTE) of training staff; that person is available for drop-in training, but that is not really enough to support ongoing live training. Through some supplemental funding Dr. Hota hired an additional person to come in several days a month; the administration is also exploring the idea of including some training services through the Cerner contract in the upcoming year. Following further discussion on the subject, Chairman Michael requested that Dr. Hota review and consider the current training opportunities for the EMR system and return to the Committee in November or December with suggestions on what type of training resources and level of appropriation increase may be needed to enhance or improve the EMR training<sup>1</sup>.

Director Muñoz inquired regarding the specific measures that are required to be met for Meaningful Use. Dr. Hota responded that he can forward this information to Director Muñoz<sup>2</sup>.

With regard to the information presented on barriers, Chairman Michael inquired regarding the key aims/goals/measures for the System. He noted that the System has some in mind, because some are mandated; for the ones that are not mandated, does the System have a clear enough picture today to know what the Board and management would want? For example, has the business intelligence team prioritized, in terms of producing reports and extracting data, or is that something that needs further work? Dr. Hota responded that there are measures that already exist that would be the natural starting point.

- **Current Quality Measures/Reporting**

Overview of current reports being generated and made for compliance and other purposes

- **Developing a Quality Dashboard** (Attachment #3)

Discussion concerning the process and high-level timetable for developing a Quality Dashboard

Dr. Das presented a report which contained the following information regarding Quality dashboards and quality measures/reporting: Types of Dashboards; CCHHS Comparison Dashboard; External Reporting; Example: Hospital Compare Preview; and Proposed Quality Dashboard (Inpatient). Additionally, she provided two (2) examples of reports for the Committee's information (included in Attachment #3). The Committee reviewed and discussed the information.

**VII. Recommendations, Discussion/Information Items****B. Updates on the following topics:**

- **Current Quality Measures/Reporting and Developing a Quality Dashboard (continued)**

Mary Driscoll noted that the information contained on page five (5) of the presentation incorrectly reflects the organization responsible for the Illinois Hospital Report Card; the Report Card is published by the Illinois Department of Public Health. For the Committee's information, she noted that the volume and cost indicators included in that report are pulled from the System's billing data.

With regard to patient safety indicators, Chairman Michael asked for Dr. Das' overall assessment of the validity of those measures, in terms of really providing an indication of how well the System is doing in avoiding issues of risk to patients. Dr. Das stated that the vast majority of the "hospital acquired conditions" are truly manifestations of patient safety in the hospital; as part of the efforts to improve patient safety, there are interventions that have been specified in all of these areas, in order to reduce the risk of harm to the patients.

Chairman Michael inquired whether there is a set of these patient safety indicators that management thinks would be valuable for this Committee to see on a monthly basis, that reflects whether the System is getting better or worse or staying the same, in terms of these indicators; this is assuming that reports could be received on these sorts of criteria in a very timely manner. Dr. Das responded that this data is collected monthly. She stated that she would favor looking at this as a group; of the forty (40) events this month, she would recommend tracking it and subdividing it into infection control indicators and nursing-specific indicators.

As a follow-up to this meeting, Chairman Michael requested that Dr. Das come back at the next Committee Meeting with a final recommendation on what the plan would be moving forward, specifically on the patient safety indicators that she thinks would be appropriate for the Committee to see on a monthly basis, as an indicator of how the System is doing<sup>3</sup>. He suggested that the Committee Members review the information received at this meeting to see if they believe there are other critical areas that should be included in the dashboard; additionally, he recommended that the subject be discussed at the next Board Meeting<sup>4</sup>. He stated that it is important to get feedback from the Board, because this is a full Board responsibility, and he wants to ensure that everyone is comfortable that the Committee is looking at the right areas for the dashboard. Dr. Das noted that the information presented at this meeting is all inpatient data; there is equivalent outpatient data that as it is collected should be presented for consideration, as well.

- **Updating the Quality Plan**

Discussion concerning the process and high-level timetable for updating the current Quality Plan

Chairman Michael stated that the System has a quality plan; for now, because of the Joint Commission activities, it will remain as it is, but it is not too early to begin thinking about the preparations for 2013 to update and improve the quality plan. He noted that it will go hand-in-hand with the kinds of things that Dr. Mason presented in the video; that is, a decision driven by the medical and nursing staff and supported by the Board and other interested members of the community to identify the main aims for the System.

Director Muñoz stated that some of these aims are more of that of the level of the Board; he recommended that perhaps this discussion should take place at the Board level. Chairman Michael agreed; he noted that the role of this Committee is to encourage the process along and to make sure all understand the process.

**VII. Recommendations, Discussion/Information Items**

**B. Updates on the following topics:**

- **Updating the Quality Plan (continued)**

Dr. Linda Rae Murray, Chief Medical Officer of the Cook County Department of Public Health, noted that most of the data that this Committee reviews is hospital-centric; as the Board considers this subject, she recommended having Dr. Sandy Martell, Interim Chief Operating Officer of the Cook County Department of Public Health, come in and talk about population measures or what kind of equity measures the Board and Committee should be looking at. Chairman Michael agreed. He stated that the people in the community should be engaged; he welcomed that input and dialogue. Director Muñoz added that one of the issues that the Board has discussed in the past few years is how the System's partners can be engaged to work together with the System to achieve success with the System's "big aims."

With regard to the issue of patient safety indicators and how this Committee will play a role in overseeing that process, in order to remain involved and understand what's going on, Chairman Michael suggested that the Committee Members participate as ex-officio members of the existing internal committees that review those cases on a monthly basis.

**VIII. Action Items**

**A. Minutes of the Quality and Patient Safety Committee Meeting, August 21, 2012**

Director Muñoz, seconded by Chairman Michael, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of August 21, 2012. THE MOTION CARRIED UNANIMOUSLY.

**B. Any items listed under Sections VI, VII and VIII**

**IX. Closed Session Item**

**A. Medical Staff Appointments/Re-appointments/Changes (Attachment #4)**

Note: the Committee did not recess the regular session and convene into closed session.

Director Velasquez, seconded by Chairman Michael, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

**X. Adjourn**

As the agenda was exhausted, Chairman Michael declared that the meeting was ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Edward L. Michael, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

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- <sup>1</sup> Follow-up: November or December Meeting: Dr. Hota to return to the Committee with suggestions on what type of training resources and level of appropriation increase may be needed to enhance or improve the EMR training. Page 3
- <sup>2</sup> Follow-up: Dr. Hota to send information to Director Muñoz regarding specific measures that are required to be met for Meaningful Use. Page 3
- <sup>3</sup> Follow-up: November Meeting: Dr. Das to return to Committee with a final recommendation on what the plan would be moving forward, specifically on the patient safety indicators that she thinks would be appropriate for the Committee to see on a monthly basis. Page 4
- <sup>4</sup> Follow-up: At next Board Meeting, discussion with Board regarding the critical areas that should be included in the dashboard. Page 4

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ATTACHMENT #1

# Joint Commission Overview

## Report of Interim System Director, Quality

CCHHS- Stroger Hospital  
October 2012



# Survey Overview

- Triennial survey due by 2/26/2013
- Tracer methodology
- Past issues for Stroger/TJC
- Mock Survey 9/2012

# Areas of Emphasis

- Environment of Care
- Life Safety
- Infection Control
- Provision of Care
- Performance Improvement

# Preparation Plans

- Meet weekly with leaders/ chapter groups
- Take a multidisciplinary approach to issues
- Emphasize resources required to address building and environmental issues
- Address life safety in a structured fashion
- Assure contracted staff are oriented to hospital environment

# Messages to Staff

- Report any issues with the environment and building
- Attend to infection control, wash your hands, remove indwelling devices
- Documentation- sign and date, write separate notes for conscious sedation, procedures,
- Demonstrate patient centeredness in documentation and goals of care
- Be aware of vulnerable populations– pediatric, psychiatric, elderly
- Learn Joint Commission priorities– posters and educational sessions

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ATTACHMENT #2

# **Electronic Health Records and Quality**

Quality & Patient Safety Committee Meeting  
Tuesday, October 16, 2012

Dr. Bala Hota

Interim Chief Information Officer  
Chief Medical Information Officer

# Current State of EHR

- PowerChart 2012
  - Go Live – July 31 2012
  - >1800 Wyse Devices installed
  - On line web training tools developed
  - Ambulatory Focused
  - 2500 peak users supported
  - Met Meaningful Use for both hospitals for FY 2012
  - Goal to meet Eligible Provider meaningful use for CY 2012

# Functionality Added

- Complete electronic documentation across entire health system
- Consolidated billing into Main Cerner Application
- Lighthouse quality tools for inpatient measures
- PQRS (Physician Quality and Reporting System) quality measures based on federal Meaningful Use guidelines
- E prescribe
- Integrated Medication Reconciliation
- Depart Process system wide and patient summary
- On path to be Cerner Reference Site for ambulatory



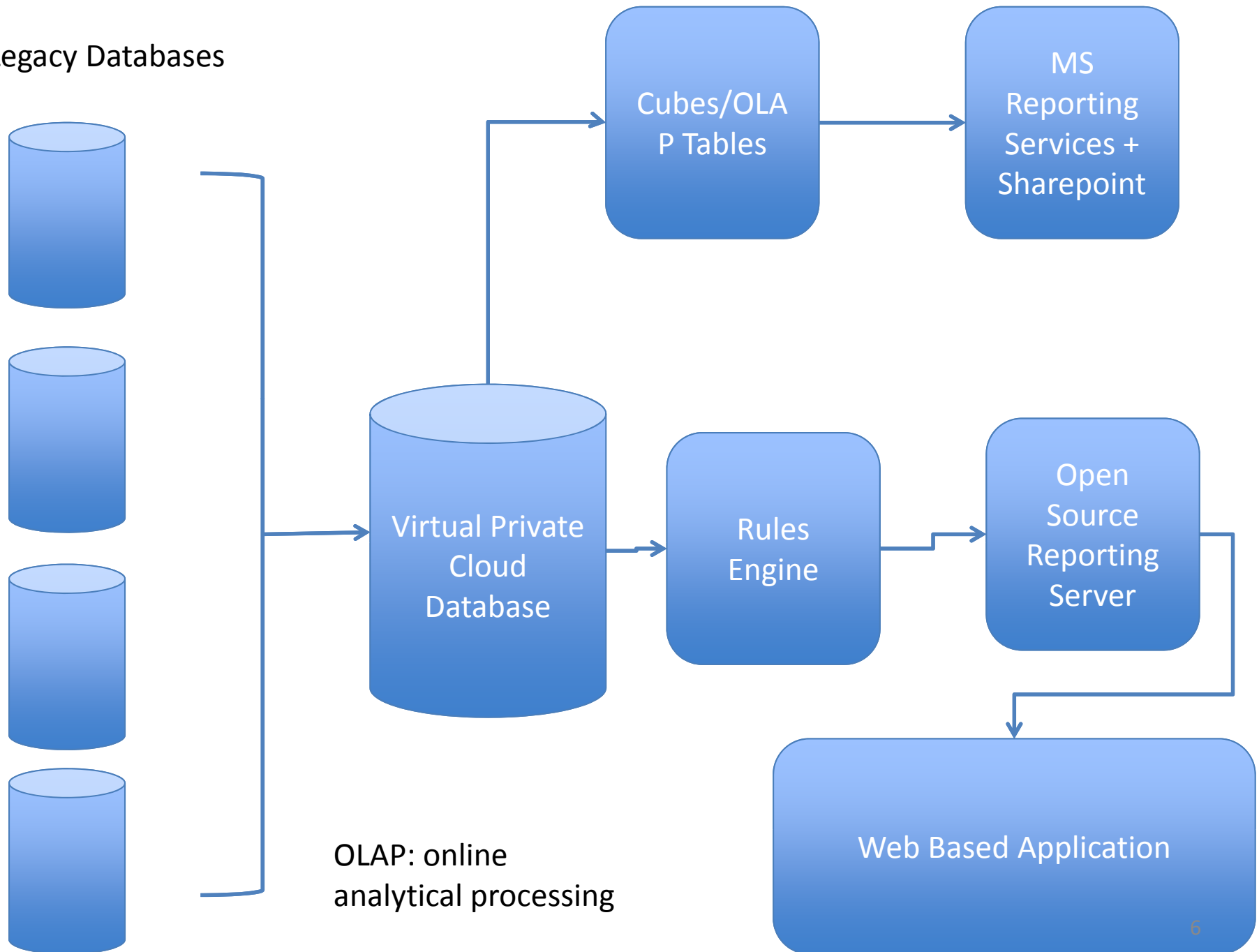
# Challenges

- Performance –
  - Increased demands given dynamic aspects of data
- Changes in workflow

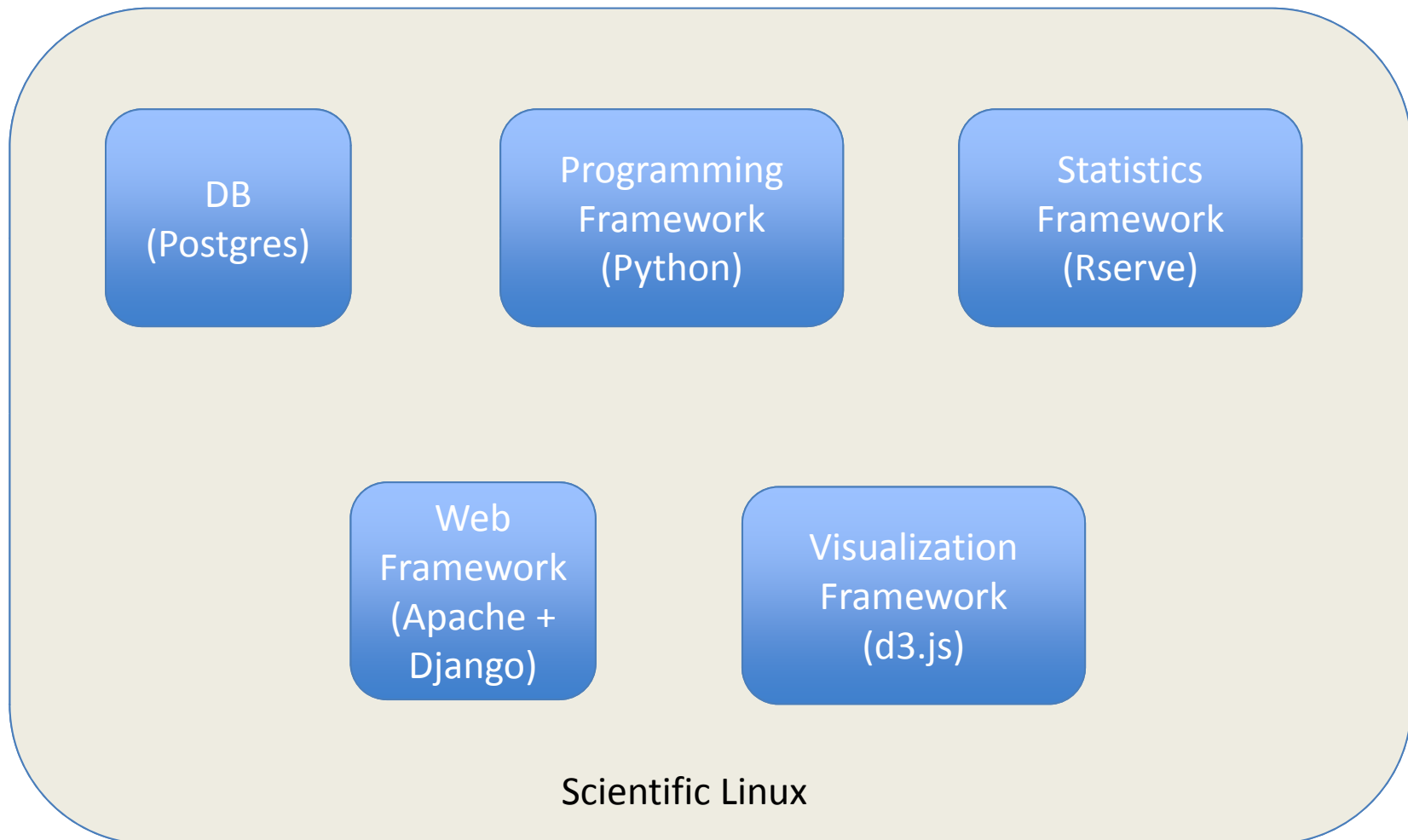
# Roadmap for Quality Measurement

- Access to all backend databases for legacy systems
  - Cerner
  - Siemens
  - McKesson
- Leverage Enterprise Agreement with Microsoft – Reporting Services +Sharepoint
- Virtual Private Cloud (Netapp + VMWare)

## Legacy Databases



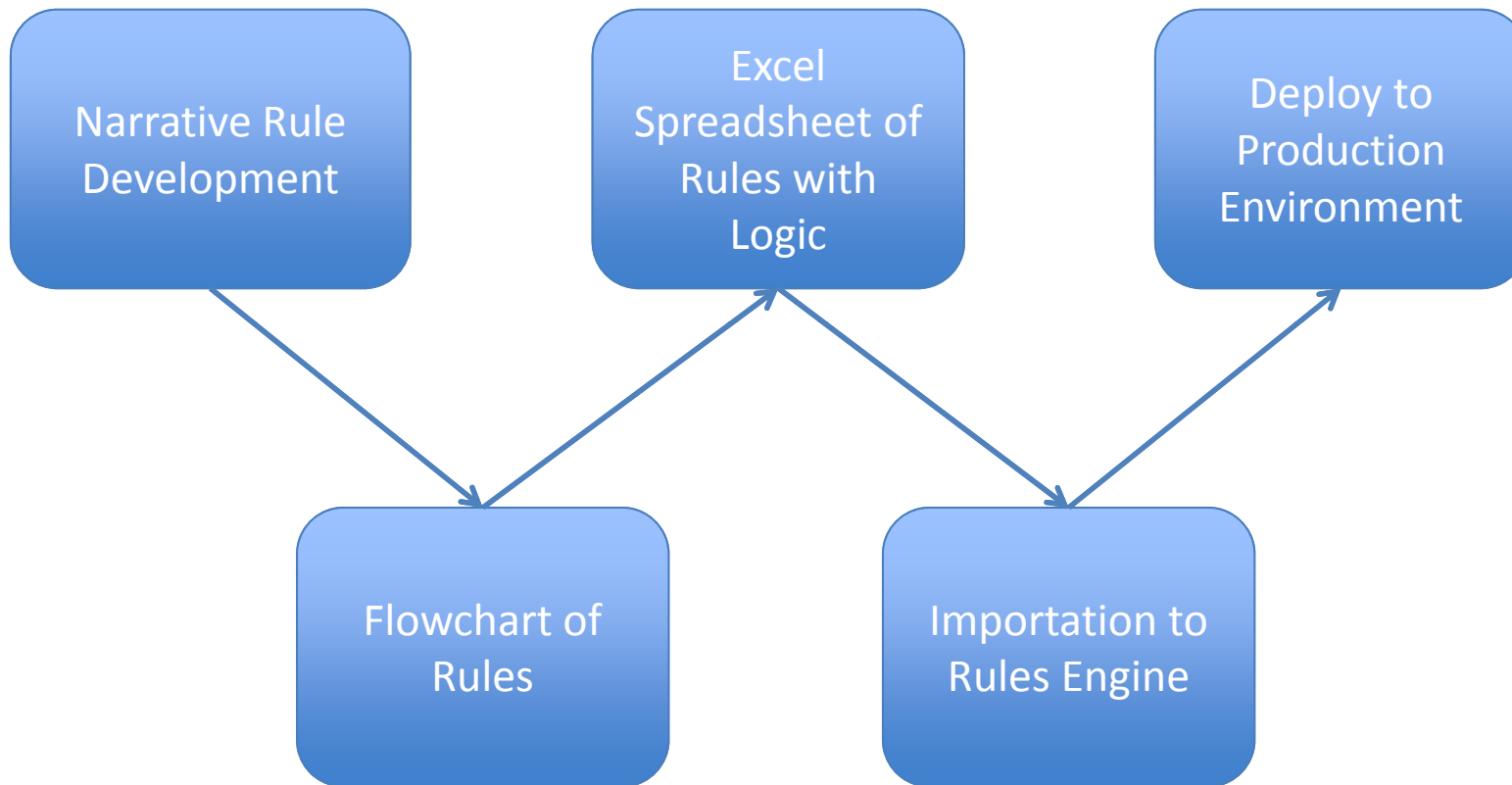
# Open Source Reporting Server



# Waiver Registry – Technology Stack

- Open Source Solution
- Agile
- Access to all legacy data
- Modifications to EMR where needed

# Development of Rules



# Rules Development - Pediatric

## **Preventative-Pediatric**

### **Cerner Content:**

Influenza vaccine age 6 mo.-18 yr-annually

Smoking status assessed age 13 and above

Tdap once age 11-17

HPV vaccine-3 vaccine series completed by age 19 for males and females

Childhood immunizations:

Primary series completed by age 24 months

HepA, Hep B Meningococcal

Blood Lead Test

One before 12 months

One before 24 months

Two before 24 months

Height/Weight/BMI-this is done at every well child visit. WE NEED A FLAG IF BMI IS ABOVE A CERTAIN PERCENTILE (I.E. 85%ILE OR 95%ILE)

### **Registry-Above AND:**

Intervention documented for smokers

ASQ completed-WE NEED A WAY TO DOCUMENT THIS IS POWER NOTE OR OTHERWISE THAT IS EXTRACTABLE. OUR SUGGESTION IS AN "ASQ" FIELD TO CHECK WITH THREE DOTS FOR A DATE AND "FAIL/PASS" FIELD AND WITH COMMENTS BOX

Once Before 12 months

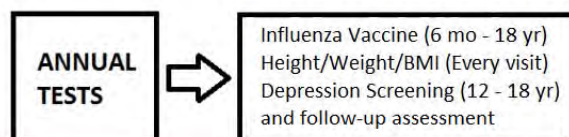
Once Between 12-24 months

Once Between 25-36 months

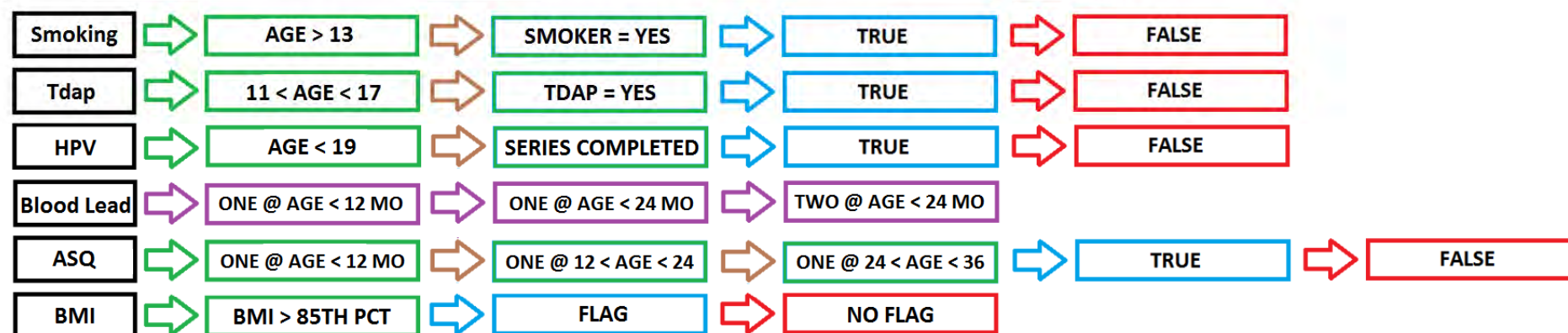
Depression screening done ages 12-18

Follow-up assessment done on positive screens as below

## PEDIATRICS-PREVENTATIVE



→ = IF  
→ = THEN  
→ = ELSE  
→ = OR  
→ = AND





1

2

3

# Demo

# Barriers

- Investment in a business intelligence team
  - No shortage with respect to technology
  - Can affordably, efficiently build entire toolsets using open source technologies + existing infrastructure
  - Integration of existing data sources key to actionable data
  - Challenge is having personnel to develop internal resources to create measures

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ATTACHMENT #3

# Quality and Patient Safety Committee

## Dashboard Information Session

Krishna Das, MD  
Interim System Director, Quality and Regulatory

# Types of Dashboards (ORB)

- Comparison
- Strategic
- What are the best choices for system level aims (inpatient and outpatient)?

# CCHHS Comparison Dashboard

QUALITY	National Target	IL. Target	QTR 1 CY-2011		QTR 2 CY-2011		QTR 3 CY 2011		QTR4 CY-2011	
Core Measures			Stroger	Provident	Stroger	Provident	Stroger	Provident	Stroger	Provident
<b>Acute Myocardial Infarction (AMI)</b>										
AMI-1 Aspirin at Arrival	99%	99%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-2 Aspirin Prescribed at Discharge	99%	99%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-3 ACEI or ARB for LVSD	96%	97%	100%	100%	100%	No Cases	100%	No Cases	100%	No Cases
AMI-4 Adult Smoking Cessation Advice/Counseling	96%	100%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-5 Beta-Blocker Prescribed at Discharge	98%	99%	98.2%	100%	100%	100%	96.5 %	No Cases	98.3%	No Cases
AMI-7a Fibrinolytic Therapy received within 30 minutes of arrival *	V 0.9191	75%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
AMI-8a Primary Percutaneous Coronary (PCI) within 90 minutes of arrival *	V 1.0	92%	75%	No Cases	100%	No Cases	100%	No Cases	100%	No Cases
<b>Heart Failure (HF)</b>										
HF-1 Discharge Instructions *	V 1.0	91%	71.2%	100%	70.4%	100%	62.5%	98%	76.7%	97.5%
HF-2 Evaluation of LVS Function	98%	99%	100%	100%	100%	100%	100%	100%	98.6%	100%
HF-3 ACEI or ARB for LVSD	95%	95%	100%	100%	100%	100%	100%	100%	100%	100%
HF-4 Adult Smoking Cessation Advice/Counseling	99%	99%	100%	100%	100%	100%3	100%	100%	100%	100%
<b>Pneumonia (PN)</b>										
PN-2 Pneumococcal Screen & Vaccination	94%	93%	58.3%	50 %	75%	50%	69.2%	100%	84.6%	100%
PN-3b Blood Culture performed in the ED Prior to Initial Antibiotic Received in the Hospital *	V 1.0	96%	95 %	94.4%	94.4%	94.4%	86.5%	100%	93.8%	76.9%
PN-4 Adult Smoking Cessation Advice/Smoking	98%	98%	100%	100%	100%	100%	100%	100%	100%	75%
PN-5c Initial Antibiotic Received Within 6 hours after Arrival	96%	96%	84.4%	95.2%	81.0%	95.2%	61.8%	91.7%	70%	85.7%
PN-6 Initial Antibiotic Selection For CAP in Immunocompetent patient *	V 0.9958	91%	80.6%	100%	83.3%	100%	57.9%	100%	63.3%	100%
PN-7 Influenza Vaccination	91%	91%	79.3%	No Cases	No Cases	No Cases	No Cases	No Cases	75%	66.7%

# CCHHS Comparison Dashboard

	National Target	State Target	QTR1- CY 2011		QTR2- CY 2011		QTR 3- CY 2011		QTR4- CY 2011	
<b>Surgical Care Improvement (SCIP)</b>			Stroger	Provident	Stroger	Provident	Stroger	Provident	Stroger	Provident
SCIP- INF-1 Prophylactic antibiotic received within one hour prior to surgical incision. *	V 0.9998	97%	96.9.0%	100%	97.6%	95%	98.8%	100%	96.3%	100%
SCIP-INF-2 Prophylactic Antibiotic Selections for Surgical Patient *	V 1.0	97%	92.3%	91.7%	100%	90.9%	97.6%	100%	95%	100%
SCIP-INF-3 Prophylactic Antibiotic Discontinued Within 24 hours After Surgery End Time *	V 0.9968	96%	96.9%	100%	100%	91.0%	96.4%	100%	94.9%	100%
SCIP-INF-4 Cardiac Surgery Patients with controlled 6 A.M. postoperative serum glucose *	V 0.9963	93%	75%	No Cases	91.2%	No Cases	86.7%	No Cases	80.6%	No Cases
SCIP-INF-6 Surgery patients with appropriate hair removal	V 100%	100%	100%	100%	100%	100%	97%	100%	99.1%	100%
SCIP-VTE-1 Surgery patients with recommended venous thromboembolism prophylaxis ordered. *	V 1.0	95%	97.6%	100%	98.3%	97.9%	98.2%	100%	100%	100%
SCIP-VTE-2 Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery. *	V 0.9985	93%	97.6%	100%	100%	97.9%	96.4%	100%	100%	100%
<b>Hospital Acquired Conditions</b>										
Foreign Object Retained after Surgery			0	0	0	0	0	0	0	0
Air Embolism			0	0	0	0	0	0	0	0
Blood Incompatibility			0	0	0	0	0	0	0	0
Manifestations of Poor Glycemic Control			0	0	0	0	0	6	0	4
Falls and Trauma			0	0	0	0	0	0	0	0
Pressure Ulcer Stage III & IV			1	0	0	0	0	0	1	0



# External Reporting

- Hospital Compare [www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/)
  - 47 inpatient quality measures (37 outcomes and 10 satisfaction)
  - 19 sentinel events or hospital acquired conditions (HACs)
  - 25 new measures, composites, volume, or outpatient measure
  - 91 in all reported for each hospital
- IHA [www.healthcarereportcard.illinois.gov](http://www.healthcarereportcard.illinois.gov)
  - 80 quality indicators (including 10 HCAHPS)
  - 145 volume and cost indicators
- Joint Commission [www.qualitycheck.org](http://www.qualitycheck.org)
- STAR – Cook County Government  
<http://blog.cookcountygov.com/performance/management/wp-content/uploads/2012/07/2012-Q2-STAR-Report-7-3-12-FINAL.pdf>

# Example: Hospital Compare Preview

Report Run Date: 09/17/2012

## Hospital Compare Preview Report: Improving Care Through Information – Inpatient

### Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

#### 140124-JOHN H STROGER JR HOSPITAL

Address: 1901 W HARRISON ST  
City, State, ZIP: CHICAGO, IL 60612  
Phone Number: (312) 864-6000  
County Name: COOK

Type of Facility: Short-term  
Type of Ownership: Government - Local  
Emergency Service Provided: Yes

Participation in a Systematic Database for  
Cardiac Surgery: Does Not Have a Program  
Stroke Care: No  
Nursing Sensitive Care: No

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance
<b>Acute Myocardial Infarction (AMI)</b>				
AMI-2	Aspirin Prescribed at Discharge	100% of 256 patients(2)	100%	99%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients(2)	100%	75%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	100% of 14 patients(1)	100%	95%
AMI-10	Statin Prescribed at Discharge	96% of 256 patients(2)	100%	98%
<b>Heart Failure (HF)</b>				
HF-1	Discharge Instructions	76% of 287 patients(2)	100%	95%
HF-2	Evaluation of LVS Function	100% of 294 patients(2)	100%	99%
HF-3	ACEI or ARB for LVSD	100% of 152 patients(2)	100%	97%
<b>Pneumonia (PN)</b>				
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	94% of 142 patients(2)	100%	98%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	69% of 102 patients(2)	100%	93%
<b>Surgical Care Improvement Project (SCIP)</b>				

# Example: Hospital Compare Preview

Report Run Date: 09/17/2012

## Hospital Compare Preview Report: Improving Care Through Information – Inpatient

### Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

#### 140124-JOHN H STROGER JR HOSPITAL

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance
<b>Surgical Care Improvement Project (SCIP)</b>				
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose	88% of 133 patients(2)	99%	96%
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	99% of 154 patients(2)	100%	95%
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	99% of 304 patients(2)	100%	100%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	98% of 130 patients(2)	100%	97%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	99% of 231 patients(2)	100%	98%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	99% of 230 patients(2)	100%	97%
<b>Emergency Department (ED)</b>				
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	640 Minutes based on 307 patients(2)	175 Minutes	265 Minutes
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	267 Minutes based on 307 patients(2)	43 Minutes	92 Minutes
<b>Immunization (IMM)</b>				
IMM-1a	Pneumococcal Immunization	41% of 207 patients(2)	98%	90%
IMM-2	Influenza Immunization	65% of 306 patients(2)	98%	88%

# Example: Hospital Compare Preview

Report Run Date: 09/17/2012

## Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Pa

### Hospital Performance

Reporting Period for 30-Day Mortality and Readmission Outcome Measures: Third Quarter 2008 through Second Quarter 2011 Discharges

#### 140124-JOHN H STROGER JR HOSPITAL

#### 30-Day Risk-Standardized Readmission Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate
Acute Myocardial Infarction (AMI)										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	No Different than U.S. National Rate	52	21.7% (17.2%, 27.2%)	19.7%		in the Nation that Performed ...	30	2338	41
							in the State that Performed ...	1	106	2
Heart Failure (HF)										
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	175	25.9% (21.7%, 30.5%)	24.7%		in the Nation that Performed ...	95	3959	162
							in the State that Performed ...	1	163	15
Pneumonia (PN)										
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	82	19.5% (15.4%, 24.6%)	18.5%		in the Nation that Performed ...	33	4325	125
							in the State that Performed ...	0	170	11

# Example: Hospital Compare Preview

Report Run Date: 09/17/2012

## Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Page: 4 of 11

Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: Second Quarter 2011 through First Quarter 2012 Discharges

### 140124-JOHN H STROGER JR HOSPITAL

#### HCAHPS Global Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q21	Overall Rating of Hospital	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital (0 = Worst Hospital 10 = Best Hospital)		16	31	53	9	23	68	8	23	69
		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q22	Willingness to Recommend this Hospital	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		7	31	62	5	27	68	5	25	70



# Example: Hospital Compare Preview

Report Run Date: 09/17/2012

## Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Page: 10 of 11

### Hospital Performance

Reporting Period for Hospital Acquired Conditions Measures: Third Quarter 2009 through Second Quarter 2011 Discharges

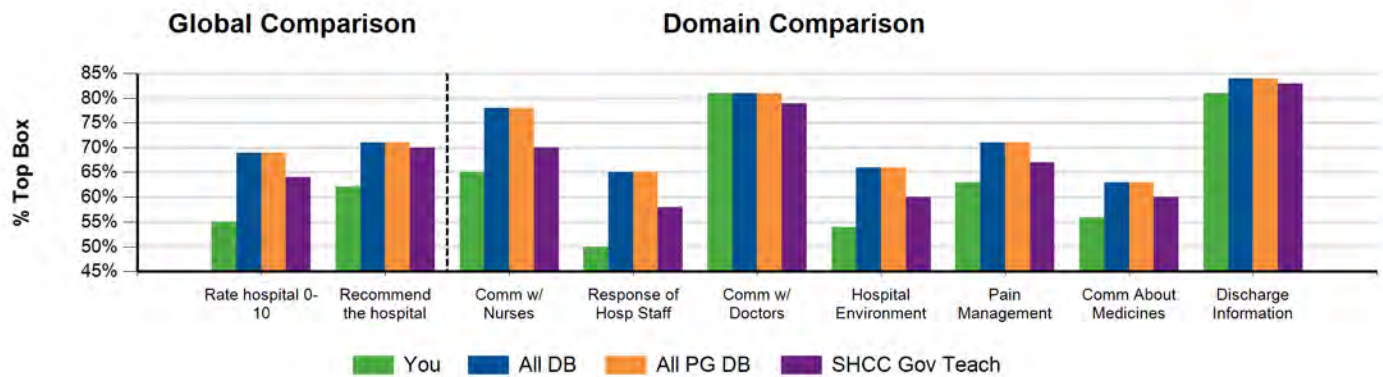
#### 140124-JOHN H STROGER JR HOSPITAL

##### Hospital Acquired Condition

Hospital Quality Measures	Your Hospital's Performance Rate (per 1,000 discharges)	Your Hospital's Number of Eligible Discharges (Denominator)	U.S. National Rate (per 1,000 discharges)
<b>Hospital Acquired Condition (HAC)</b>			
Foreign object retained after surgery	0.000	4729	0.028
Air embolism	0.000	4729	0.003
Blood incompatibility	0.000	4729	0.001
Pressure ulcer stages III and IV	0.211	4729	0.136
Falls and trauma	0.423	4729	0.527
Vascular catheter-associated infection	1.269	4729	0.372
Catheter-associated UTI	0.211	4729	0.358
Manifestations of poor glycemic control	0.423	4729	0.058

# Proposed Quality Dashboard (Inpatient)

- Core Measures – Composite + Exceptions
- Hospital Acquired Conditions – Total
- Readmission Rate
- Immunization Rate
- Patient Satisfaction – ‘Definitely Recommend’



		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jan-Mar	Current % Apr-Jun		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	349	54%	55%	▲	7	7	1	
Recommend the hospital	350	64%	62%	▼	19	19	13	
Comm w/ Nurses	356	70%	65%	▼	2	2	13	
Nurses treat with courtesy/respect	356	75%	69%	▼	1	1	13	
Nurses listen carefully to you	355	69%	65%	▼	6	6	25	
Nurses expl in way you understand	355	67%	59%	▼	1	1	6	
Response of Hosp Staff	304	48%	50%	▲	3	3	1	
Call button help soon as wanted it	275	49%	54%	▲	11	11	25	
Help toileting soon as you wanted	159	47%	45%	▼	1	1	1	
Comm w/ Doctors	353	81%	81%	-	56	56	75	
Doctors treat with courtesy/respect	350	86%	86%	-	39	39	63	
Doctors listen carefully to you	351	80%	81%	▲	64	64	75	
Doctors expl in way you understand	349	79%	77%	▼	62	62	75	
Hospital Environment	356	54%	54%	-	6	6	25	
Cleanliness of hospital environment	352	54%	52%	▼	1	1	1	
Quietness of hospital environment	352	53%	56%	▲	46	46	44	
Pain Management	264	70%	63%	▼	9	9	25	
Pain well controlled	259	64%	59%	▼	22	22	50	
Staff do everything help with pain	261	75%	67%	▼	5	5	25	
Comm About Medicines	254	62%	56%	▼	13	13	13	
Tell you what new medicine was for	246	74%	67%	▼	8	8	1	
Staff describe medicine side effect	249	50%	46%	▼	28	28	25	
Discharge Information	334	78%	81%	▲	24	24	38	
Staff talk about help when you left	325	75%	77%	▲	26	26	50	
Info re symptoms/prob to look for	325	80%	84%	▲	29	29	25	

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

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**Survey items are correlated to H CAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Attention to special/personal needs	PG	1	0.47
2	Nurses' attitude toward requests	PG	1	0.46
3	Skill of the nurses	PG	1	0.44
3	Nurses kept you informed	PG	2	0.46
5	Friendliness/courtesy of the nurses	PG	1	0.42
6	Response concerns/complaints	PG	2	0.45
6	Staff worked together care for you	PG	3	0.48
8	Promptness response to call	PG	1	0.42
9	Staff addressed emotional needs	PG	2	0.45
9	Overall rating of care given	PG	5	0.54

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.

**Stroger Hospital of Cook County**

Surveys Returned: July 2011 - June 2012

UNIT COMPARISON	Your Top Box Score Jul 11 - Jun 12				
	4BurnSD	4NGyne	4NOB	6East	6South
Domains and Questions					
Rate hospital 0-10	67%	61%	59%	60%	52%
Recommend the hospital	67%	77%	58%	67%	70%
Comm w/ Nurses	72%	76%	69%	68%	70%
Nurses treat with courtesy/respect	75%	78%	68%	73%	71%
Nurses listen carefully to you	67%	76%	76%	66%	68%
Nurses expl in way you understand	75%	73%	65%	66%	71%
Response of Hosp Staff	67%	63%	60%	52%	51%
Call button help soon as wanted it	67%	70%	55%	59%	49%
Help toileting soon as you wanted	67%	57%	65%	44%	53%
Comm w/ Doctors	97%	86%	85%	83%	84%
Doctors treat with courtesy/respect	100%	90%	89%	89%	87%
Doctors listen carefully to you	100%	87%	86%	81%	83%
Doctors expl in way you understand	92%	81%	78%	79%	82%
Hospital Environment	63%	63%	68%	50%	55%
Cleanliness of hospital environment	67%	49%	59%	48%	57%
Quietness of hospital environment	58%	76%	76%	51%	53%
Pain Management	87%	75%	73%	63%	60%
Pain well controlled	83%	68%	69%	57%	60%
Staff do everything help with pain	91%	83%	77%	68%	59%
Comm About Medicines	69%	69%	67%	61%	63%
Tell you what new medicine was for	75%	83%	74%	70%	75%
Staff describe medicine side effect	63%	55%	60%	52%	51%
Discharge Information	100%	84%	86%	80%	78%
Staff talk about help when you left	100%	77%	75%	77%	71%
Info re symptoms/prob to look for	100%	91%	97%	83%	84%

Questions that are among this period's top ten priorities appear in bold italics.

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**Stroger Hospital of Cook County**

Surveys Returned: July 2011 - June 2012

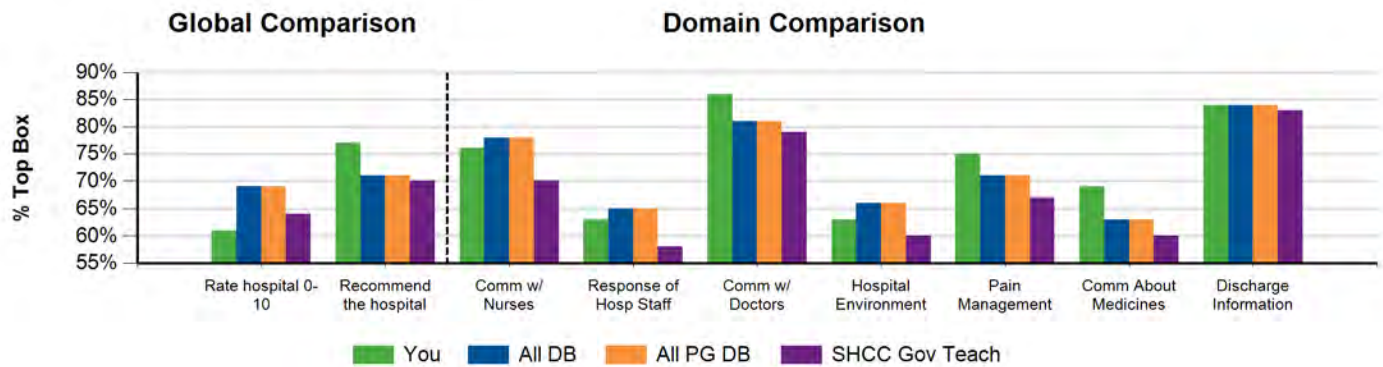
UNIT COMPARISON	Your Top Box Score Jul 11 - Jun 12				
	6West	7East	7South	7West	8East
Domains and Questions					
Rate hospital 0-10	52%	54%	51%	52%	51%
Recommend the hospital	58%	62%	56%	58%	58%
Comm w/ Nurses	63%	66%	63%	65%	65%
Nurses treat with courtesy/respect	69%	71%	69%	71%	67%
Nurses listen carefully to you	63%	65%	61%	61%	64%
Nurses expl in way you understand	58%	61%	60%	63%	65%
Response of Hosp Staff	37%	43%	47%	39%	53%
Call button help soon as wanted it	44%	48%	50%	45%	52%
Help toileting soon as you wanted	31%	38%	44%	33%	54%
Comm w/ Doctors	77%	81%	78%	76%	86%
Doctors treat with courtesy/respect	81%	85%	85%	80%	90%
Doctors listen carefully to you	80%	85%	75%	77%	83%
Doctors expl in way you understand	71%	75%	75%	70%	85%
Hospital Environment	53%	54%	47%	52%	47%
Cleanliness of hospital environment	57%	56%	47%	52%	43%
Quietness of hospital environment	48%	53%	47%	51%	52%
Pain Management	64%	68%	57%	55%	70%
Pain well controlled	61%	62%	53%	53%	66%
Staff do everything help with pain	67%	74%	61%	57%	73%
Comm About Medicines	56%	59%	56%	51%	60%
Tell you what new medicine was for	64%	69%	68%	62%	70%
Staff describe medicine side effect	48%	50%	43%	41%	51%
Discharge Information	76%	79%	78%	77%	79%
Staff talk about help when you left	74%	75%	73%	72%	80%
Info re symptoms/prob to look for	78%	83%	83%	82%	78%

Questions that are among this period's top ten priorities appear in bold italics.

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UNIT COMPARISON	Your Top Box Score Jul 11 - Jun 12				
	8South	8West	BurnICU	CCU	Labor&Del
Domains and Questions					
Rate hospital 0-10	52%	56%	N/A	67%	N/A
Recommend the hospital	62%	68%	N/A	69%	N/A
Comm w/ Nurses	64%	70%	N/A	88%	N/A
Nurses treat with courtesy/respect	64%	73%	N/A	93%	N/A
Nurses listen carefully to you	66%	71%	N/A	88%	N/A
Nurses expl in way you understand	62%	66%	N/A	81%	N/A
Response of Hosp Staff	36%	56%	N/A	76%	N/A
Call button help soon as wanted it	40%	57%	N/A	78%	N/A
Help toileting soon as you wanted	33%	55%	N/A	73%	N/A
Comm w/ Doctors	78%	82%	N/A	85%	N/A
Doctors treat with courtesy/respect	79%	86%	N/A	88%	N/A
Doctors listen carefully to you	77%	81%	N/A	89%	N/A
Doctors expl in way you understand	77%	80%	N/A	77%	N/A
Hospital Environment	54%	59%	N/A	65%	N/A
Cleanliness of hospital environment	56%	63%	N/A	70%	N/A
Quietness of hospital environment	52%	55%	N/A	60%	N/A
Pain Management	67%	69%	N/A	80%	N/A
Pain well controlled	65%	60%	N/A	78%	N/A
Staff do everything help with pain	70%	78%	N/A	83%	N/A
Comm About Medicines	56%	63%	N/A	71%	N/A
Tell you what new medicine was for	69%	75%	N/A	81%	N/A
Staff describe medicine side effect	42%	50%	N/A	60%	N/A
Discharge Information	77%	81%	N/A	81%	N/A
Staff talk about help when you left	75%	78%	N/A	76%	N/A
Info re symptoms/prob to look for	79%	83%	N/A	87%	N/A

UNIT COMPARISON	Your Top Box Score Jul 11 - Jun 12				
	MICU	NeuroICU	SurgICU	TraumaICU	TraumaOBS
Domains and Questions					
Rate hospital 0-10	100%	74%	N/A	86%	13%
Recommend the hospital	100%	71%	N/A	57%	25%
Comm w/ Nurses	78%	62%	N/A	48%	50%
Nurses treat with courtesy/respect	100%	75%	N/A	71%	50%
Nurses listen carefully to you	67%	46%	N/A	29%	50%
Nurses expl in way you understand	67%	65%	N/A	43%	50%
Response of Hosp Staff	N/A	71%	N/A	21%	10%
Call button help soon as wanted it	N/A	68%	N/A	25%	20%
Help toileting soon as you wanted	N/A	73%	N/A	17%	0%
Comm w/ Doctors	89%	87%	N/A	67%	71%
Doctors treat with courtesy/respect	100%	96%	N/A	86%	75%
Doctors listen carefully to you	67%	88%	N/A	71%	75%
Doctors expl in way you understand	100%	79%	N/A	43%	63%
Hospital Environment	83%	60%	N/A	50%	31%
Cleanliness of hospital environment	100%	63%	N/A	57%	50%
Quietness of hospital environment	67%	57%	N/A	43%	13%
Pain Management	N/A	77%	N/A	36%	50%
Pain well controlled	N/A	68%	N/A	14%	29%
Staff do everything help with pain	N/A	86%	N/A	57%	71%
Comm About Medicines	N/A	61%	N/A	14%	71%
Tell you what new medicine was for	N/A	81%	N/A	29%	86%
Staff describe medicine side effect	N/A	41%	N/A	0%	57%
Discharge Information	N/A	89%	N/A	83%	63%
Staff talk about help when you left	N/A	89%	N/A	100%	63%
Info re symptoms/prob to look for	N/A	89%	N/A	67%	63%



4NGyne		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	93	59%	61%	▲	18	18	43	
Recommend the hospital	96	65%	77%	▲	69	69	81	
Comm w/ Nurses	97	70%	76%	▲	30	30	80	
Nurses treat with courtesy/respect	97	71%	78%	▲	10	10	60	
Nurses listen carefully to you	97	69%	76%	▲	56	56	99	
Nurses expl in way you understand	97	69%	73%	▲	41	41	84	
Response of Hosp Staff	88	60%	63%	▲	43	43	80	
Call button help soon as wanted it	82	68%	70%	▲	77	77	99	
Help toileting soon as you wanted	47	51%	57%	▲	16	16	45	
Comm w/ Doctors	97	83%	86%	▲	85	85	99	
Doctors treat with courtesy/respect	96	88%	90%	▲	73	73	99	
Doctors listen carefully to you	97	82%	87%	▲	90	90	96	
Doctors expl in way you understand	97	78%	81%	▲	83	83	99	
Hospital Environment	97	62%	63%	▲	37	37	63	
Cleanliness of hospital environment	97	46%	49%	▲	1	1	1	
Quietness of hospital environment	96	79%	76%	▼	94	94	99	
Pain Management	92	72%	75%	▲	79	79	92	
Pain well controlled	90	69%	68%	▼	76	76	87	
Staff do everything help with pain	92	75%	83%	▲	78	78	98	
Comm About Medicines	76	57%	69%	▲	86	86	99	
Tell you what new medicine was for	76	72%	83%	▲	90	90	99	
Staff describe medicine side effect	76	42%	55%	▲	79	79	99	
Discharge Information	95	75%	84%	▲	52	52	75	
Staff talk about help when you left	93	71%	77%	▲	28	28	53	
Info re symptoms/prob to look for	93	79%	91%	▲	83	83	90	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

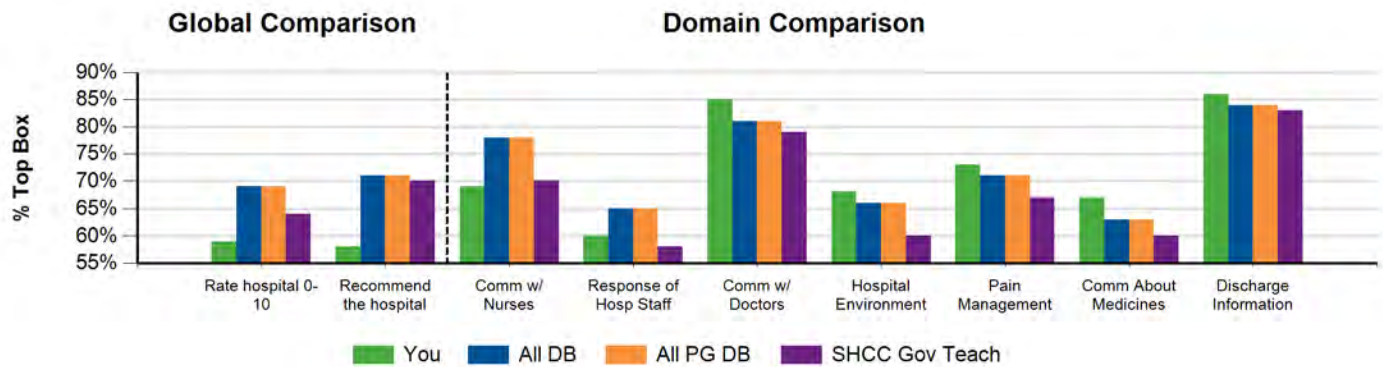
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Speed of admission	PG	2	0.45
2	Room cleanliness	PG	3	0.45
3	Courtesy of person admitting	PG	1	0.41
4	Staff addressed emotional needs	PG	4	0.43
5	Courtesy of person took blood	PG	5	0.45
6	Wait time for test or treatments	PG	1	0.39
7	Courtesy of person started IV	PG	7	0.45
8	Attention to special/personal needs	PG	8	0.47
9	Courtesy of person cleaning room	PG	1	0.35
9	Skill of the nurses	PG	4	0.39
9	Friendliness/courtesy of the nurses	PG	5	0.41

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.



4NOB		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	37	42%	59%	▲	13	13	36	
Recommend the hospital	36	50%	58%	▲	12	12	1	
Comm w/ Nurses	37	69%	69%	-	6	6	49	
Nurses treat with courtesy/respect	37	65%	68%	▲	1	1	9	
Nurses listen carefully to you	37	67%	76%	▲	52	52	88	
Nurses expl in way you understand	37	75%	65%	▼	6	6	29	
Response of Hosp Staff	34	48%	60%	▲	26	26	67	
Call button help soon as wanted it	31	55%	55%	-	14	14	41	
Help toileting soon as you wanted	23	42%	65%	▲	44	44	68	
Comm w/ Doctors	37	74%	85%	▲	80	80	99	
Doctors treat with courtesy/respect	37	79%	89%	▲	71	71	99	
Doctors listen carefully to you	37	71%	86%	▲	90	90	95	
Doctors expl in way you understand	37	71%	78%	▲	68	68	94	
Hospital Environment	37	40%	68%	▲	63	63	87	
Cleanliness of hospital environment	37	35%	59%	▲	4	4	21	
Quietness of hospital environment	37	46%	76%	▲	94	94	99	
Pain Management	35	71%	73%	▲	65	65	82	
Pain well controlled	35	67%	69%	▲	81	81	89	
Staff do everything help with pain	35	76%	77%	▲	41	41	62	
Comm About Medicines	20	58%	67%	▲	76	76	99	
Tell you what new medicine was for	19	67%	74%	▲	35	35	71	
Staff describe medicine side effect	20	50%	60%	▲	91	91	99	
Discharge Information	36	78%	86%	▲	67	67	80	
Staff talk about help when you left	36	74%	75%	▲	16	16	15	
Info re symptoms/prob to look for	36	83%	97%	▲	99	99	99	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

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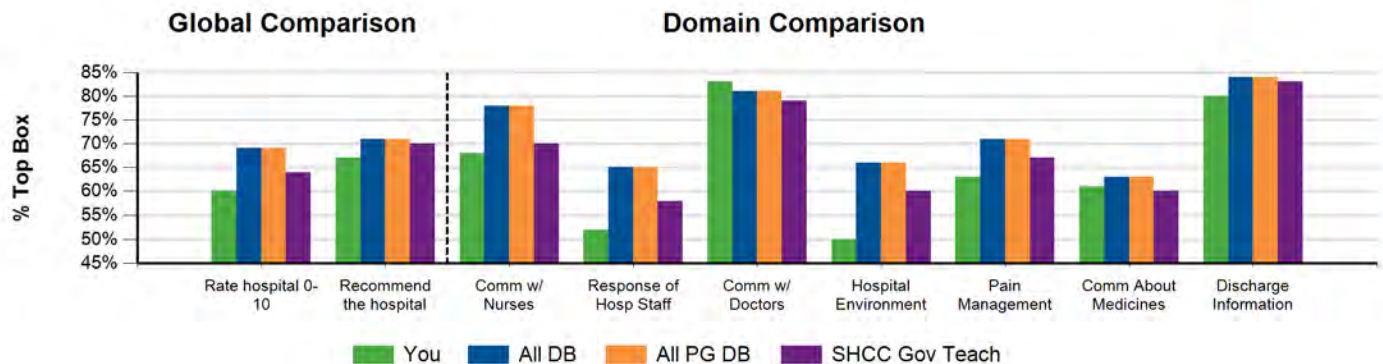
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Overall rating of care given	PG	1	0.67
2	Nurses' attitude toward requests	PG	1	0.65
3	Room cleanliness	PG	3	0.67
4	Staff worked together care for you	PG	2	0.64
4	Response concerns/complaints	PG	3	0.66
6	Promptness response to call	PG	2	0.61
7	Friendliness/courtesy of the nurses	PG	1	0.59
8	Wait time for test or treatments	PG	1	0.58
9	Skill of the nurses	PG	1	0.57
9	Likelihood recommending hospital	PG	2	0.60

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.



6East		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	121	48%	60%	▲	13	13	36	
Recommend the hospital	121	65%	67%	▲	33	33	43	
Comm w/ Nurses	124	63%	68%	▲	5	5	41	
Nurses treat with courtesy/respect	123	72%	73%	▲	3	3	45	
Nurses listen carefully to you	123	58%	66%	▲	7	7	36	
Nurses expl in way you understand	124	59%	66%	▲	8	8	40	
Response of Hosp Staff	106	35%	52%	▲	6	6	24	
Call button help soon as wanted it	100	38%	59%	▲	29	29	70	
Help toileting soon as you wanted	43	32%	44%	▲	1	1	1	
Comm w/ Doctors	124	85%	83%	▼	70	70	85	
Doctors treat with courtesy/respect	123	89%	89%	-	72	72	99	
Doctors listen carefully to you	123	83%	81%	▼	66	66	76	
Doctors expl in way you understand	123	84%	79%	▼	71	71	97	
Hospital Environment	124	54%	50%	▼	2	2	1	
<b>Cleanliness of hospital environment</b>	<b>123</b>	<b>49%</b>	<b>48%</b>	▼	<b>1</b>	<b>1</b>	<b>1</b>	
Quietness of hospital environment	123	58%	51%	▼	26	26	32	
Pain Management	91	58%	63%	▲	8	8	21	
Pain well controlled	89	52%	57%	▲	14	14	29	
Staff do everything help with pain	90	65%	68%	▲	6	6	28	
Comm About Medicines	79	66%	61%	▼	37	37	68	
Tell you what new medicine was for	76	81%	70%	▼	15	15	16	
Staff describe medicine side effect	77	52%	52%	-	63	63	91	
Discharge Information	115	73%	80%	▲	22	22	28	
Staff talk about help when you left	113	70%	77%	▲	25	25	45	
Info re symptoms/prob to look for	108	76%	83%	▲	23	23	20	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

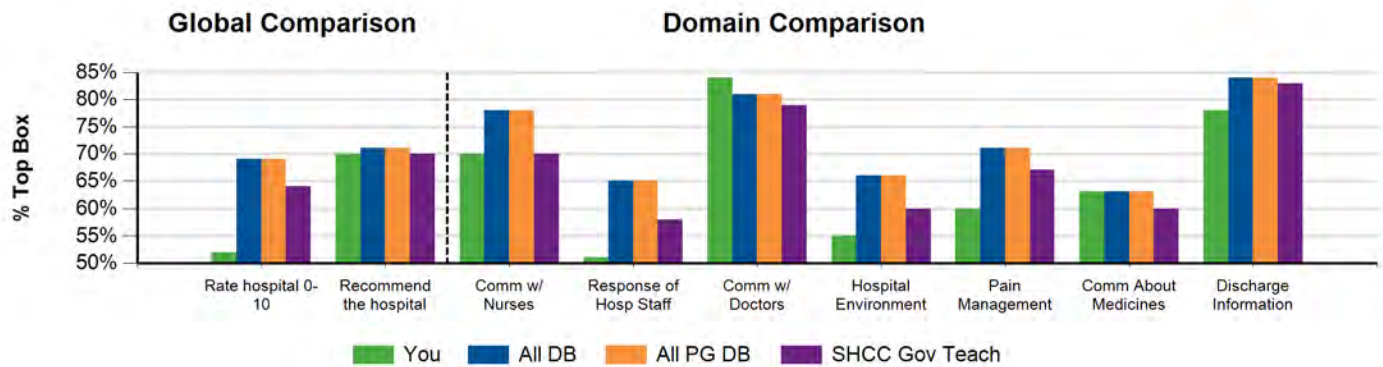
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Room cleanliness	PG	1	0.47
2	Courtesy of person cleaning room	PG	1	0.44
3	Response concerns/complaints	PG	4	0.49
4	Cleanliness of hospital environment	CAHPS	1	0.39
5	Speed of discharge process	PG	4	0.46
6	Nurses kept you informed	PG	1	0.37
7	Friendliness/courtesy of the nurses	PG	2	0.39
8	Staff worked together care for you	PG	8	0.46
9	Staff addressed emotional needs	PG	6	0.41
9	Overall rating of care given	PG	13	0.48

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6South		Your Top Box Score				All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank		
Rate hospital 0-10	113	52%	52%	-	4	4	1		
Recommend the hospital	115	58%	70%	▲	42	42	51		
Comm w/ Nurses	117	64%	70%	▲	7	7	53		
<b><i>Nurses treat with courtesy/respect</i></b>	<b>117</b>	<b>72%</b>	<b>71%</b>	▼	2	2	22		
Nurses listen carefully to you	117	62%	68%	▲	13	13	56		
Nurses expl in way you understand	115	59%	71%	▲	28	28	76		
Response of Hosp Staff	94	44%	51%	▲	5	5	20		
Call button help soon as wanted it	86	47%	49%	▲	4	4	1		
Help toileting soon as you wanted	43	40%	53%	▲	8	8	39		
Comm w/ Doctors	117	79%	84%	▲	75	75	92		
Doctors treat with courtesy/respect	117	85%	87%	▲	53	53	89		
Doctors listen carefully to you	117	78%	83%	▲	75	75	81		
Doctors expl in way you understand	117	74%	82%	▲	85	85	99		
Hospital Environment	118	50%	55%	▲	8	8	33		
Cleanliness of hospital environment	116	50%	57%	▲	2	2	10		
Quietness of hospital environment	118	50%	53%	▲	34	34	35		
Pain Management	86	58%	60%	▲	4	4	10		
Pain well controlled	86	54%	60%	▲	28	28	63		
Staff do everything help with pain	86	61%	59%	▼	1	1	2		
Comm About Medicines	84	58%	63%	▲	53	53	93		
Tell you what new medicine was for	81	66%	75%	▲	46	46	86		
Staff describe medicine side effect	84	50%	51%	▲	59	59	82		
Discharge Information	108	77%	78%	▲	11	11	1		
Staff talk about help when you left	108	75%	71%	▼	7	7	1		
Info re symptoms/prob to look for	106	79%	84%	▲	27	27	24		

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

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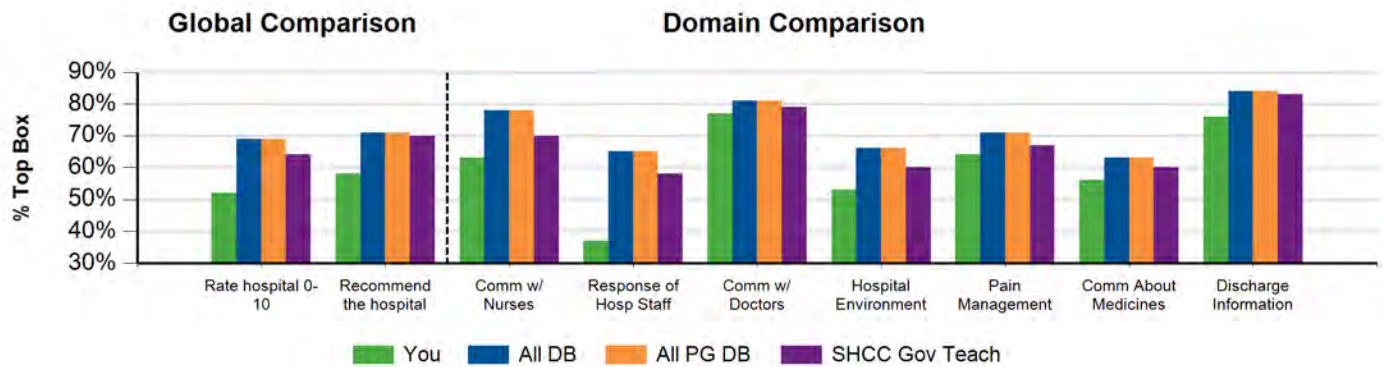
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Skill of the nurses	PG	1	0.58
2	Staff addressed emotional needs	PG	1	0.56
3	Nurses' attitude toward requests	PG	1	0.51
4	Courtesy of person started IV	PG	2	0.56
5	Nurses treat with courtesy/respect	CAHPS	2	0.52
6	Nurses kept you informed	PG	2	0.51
7	Promptness response to call	PG	1	0.49
7	Staff worked together care for you	PG	4	0.61
9	Friendliness/courtesy of the nurses	PG	1	0.49
10	Staff concern for your privacy	PG	1	0.49
10	Response concerns/complaints	PG	4	0.58

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6West		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	111	55%	52%	▼	4	4	1	
Recommend the hospital	109	61%	58%	▼	11	11	1	
Comm w/ Nurses	113	64%	63%	▼	1	1	7	
Nurses treat with courtesy/respect	112	70%	69%	▼	1	1	12	
Nurses listen carefully to you	112	60%	63%	▲	3	3	16	
Nurses expl in way you understand	113	63%	58%	▼	1	1	1	
Response of Hosp Staff	98	40%	37%	▼	1	1	1	
Call button help soon as wanted it	93	44%	44%	-	2	2	1	
Help toileting soon as you wanted	39	35%	31%	▼	1	1	1	
Comm w/ Doctors	113	82%	77%	▼	24	24	36	
Doctors treat with courtesy/respect	112	88%	81%	▼	9	9	17	
Doctors listen carefully to you	113	81%	80%	▼	53	53	61	
Doctors expl in way you understand	113	77%	71%	▼	20	20	32	
Hospital Environment	113	51%	53%	▲	4	4	8	
Cleanliness of hospital environment	112	49%	57%	▲	2	2	11	
Quietness of hospital environment	112	52%	48%	▼	16	16	28	
Pain Management	85	59%	64%	▲	10	10	38	
Pain well controlled	84	54%	61%	▲	29	29	65	
<b>Staff do everything help with pain</b>	<b>85</b>	<b>64%</b>	<b>67%</b>	▲	<b>5</b>	<b>5</b>	<b>25</b>	
Comm About Medicines	87	59%	56%	▼	12	12	9	
Tell you what new medicine was for	86	73%	64%	▼	4	4	1	
Staff describe medicine side effect	84	46%	48%	▲	38	38	65	
Discharge Information	111	76%	76%	-	8	8	1	
Staff talk about help when you left	111	70%	74%	▲	13	13	10	
Info re symptoms/prob to look for	109	83%	78%	▼	8	8	1	

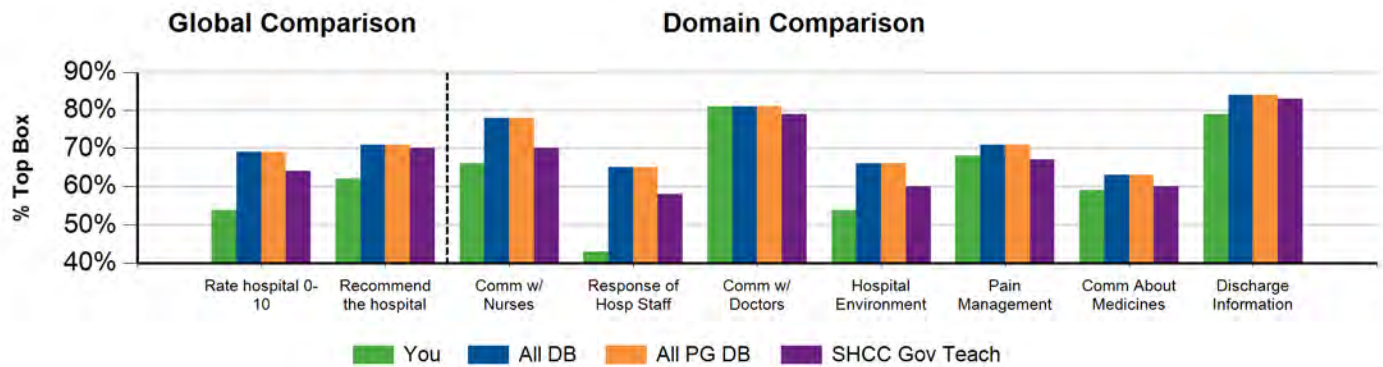
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Nurses kept you informed	PG	1	0.53
2	Staff concern for your privacy	PG	1	0.52
3	Staff include decisions re:trtmnt	PG	1	0.49
3	Likelihood recommending hospital	PG	2	0.58
5	Wait time for test or treatments	PG	1	0.48
6	Staff addressed emotional needs	PG	1	0.48
7	Attention to special/personal needs	PG	1	0.46
8	Staff do everything help with pain	CAHPS	5	0.57
9	Response concerns/complaints	PG	1	0.45
9	Overall rating of care given	PG	3	0.52

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7East		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	143	49%	54%	▲	5	5	1
Recommend the hospital	143	58%	62%	▲	19	19	12
Comm w/ Nurses	144	56%	66%	▲	3	3	23
Nurses treat with courtesy/respect	142	60%	71%	▲	2	2	24
Nurses listen carefully to you	143	56%	65%	▲	6	6	27
Nurses expl in way you understand	142	51%	61%	▲	3	3	13
Response of Hosp Staff	123	38%	43%	▲	1	1	1
Call button help soon as wanted it	112	45%	48%	▲	3	3	1
Help toileting soon as you wanted	63	32%	38%	▲	1	1	1
Comm w/ Doctors	142	74%	81%	▲	57	57	76
Doctors treat with courtesy/respect	142	78%	85%	▲	26	26	42
Doctors listen carefully to you	142	74%	85%	▲	83	83	86
Doctors expl in way you understand	141	69%	75%	▲	47	47	57
Hospital Environment	143	45%	54%	▲	7	7	27
Cleanliness of hospital environment	143	47%	56%	▲	1	1	8
Quietness of hospital environment	140	43%	53%	▲	32	32	34
Pain Management	111	65%	68%	▲	26	26	62
Pain well controlled	107	59%	62%	▲	36	36	72
Staff do everything help with pain	110	71%	74%	▲	19	19	55
Comm About Medicines	103	49%	59%	▲	27	27	47
Tell you what new medicine was for	99	60%	69%	▲	12	12	9
Staff describe medicine side effect	98	38%	50%	▲	52	52	73
Discharge Information	130	74%	79%	▲	18	18	18
Staff talk about help when you left	125	71%	75%	▲	16	16	17
Info re symptoms/prob to look for	127	78%	83%	▲	24	24	21

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

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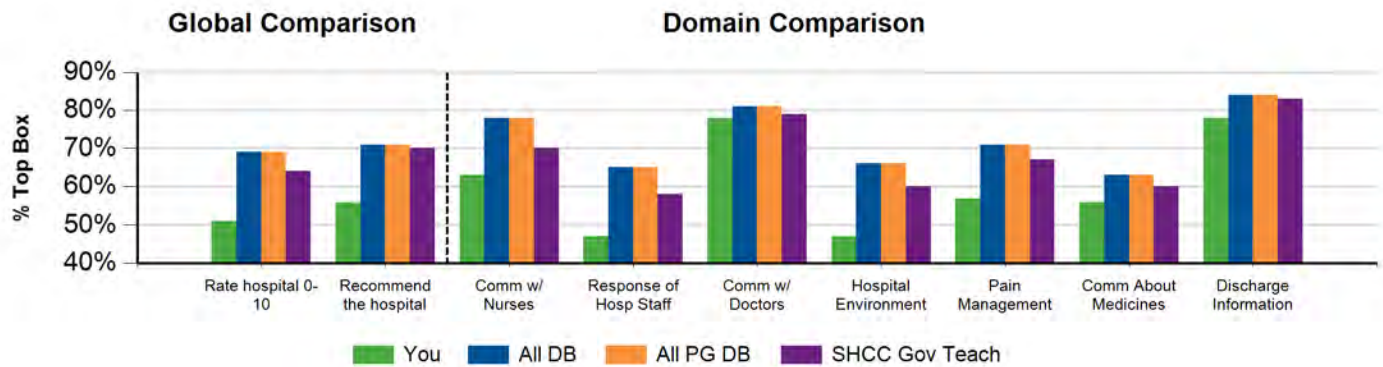
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Courtesy of person admitting	PG	1	0.56
2	Wait time for test or treatments	PG	1	0.52
3	Staff concern for your privacy	PG	1	0.51
4	Attention to special/personal needs	PG	1	0.51
5	Overall rating of care given	PG	2	0.58
6	Staff attitude toward visitors	PG	1	0.49
7	Promptness response to call	PG	1	0.49
8	Room cleanliness	PG	1	0.48
9	Nurses kept you informed	PG	1	0.48
10	Speed of admission	PG	1	0.48

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7South		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	161	53%	51%	▼	3	3	1	
Recommend the hospital	165	64%	56%	▼	8	8	1	
Comm w/ Nurses	166	69%	63%	▼	1	1	8	
<i>Nurses treat with courtesy/respect</i>	166	74%	69%	▼	1	1	13	
<i>Nurses listen carefully to you</i>	165	66%	61%	▼	2	2	1	
Nurses expl in way you understand	164	66%	60%	▼	2	2	7	
Response of Hosp Staff	137	53%	47%	▼	2	2	1	
Call button help soon as wanted it	131	53%	50%	▼	5	5	1	
Help toileting soon as you wanted	57	53%	44%	▼	1	1	1	
Comm w/ Doctors	165	81%	78%	▼	32	32	51	
Doctors treat with courtesy/respect	164	87%	85%	▼	30	30	45	
Doctors listen carefully to you	165	83%	75%	▼	23	23	24	
Doctors expl in way you understand	165	73%	75%	▲	47	47	57	
Hospital Environment	166	50%	47%	▼	1	1	1	
<i>Cleanliness of hospital environment</i>	163	47%	47%	-	1	1	1	
Quietness of hospital environment	164	54%	47%	▼	14	14	27	
Pain Management	111	60%	57%	▼	2	2	2	
Pain well controlled	110	56%	53%	▼	4	4	1	
<i>Staff do everything help with pain</i>	109	65%	61%	▼	2	2	5	
Comm About Medicines	120	63%	56%	▼	11	11	7	
Tell you what new medicine was for	116	75%	68%	▼	10	10	6	
Staff describe medicine side effect	114	50%	43%	▼	16	16	15	
Discharge Information	153	71%	78%	▲	13	13	1	
Staff talk about help when you left	150	67%	73%	▲	11	11	7	
Info re symptoms/prob to look for	151	76%	83%	▲	22	22	18	

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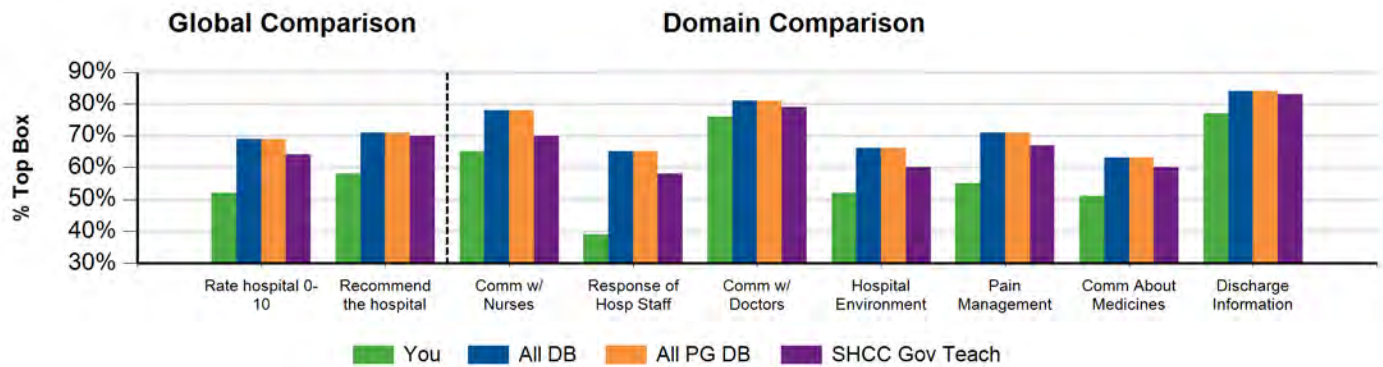
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Nurses' attitude toward requests	PG	1	0.45
2	Nurses kept you informed	PG	1	0.42
2	Skill of the nurses	PG	1	0.42
4	Nurses listen carefully to you	CAHPS	2	0.52
5	Attention to special/personal needs	PG	2	0.46
6	Staff do everything help with pain	CAHPS	2	0.42
7	Nurses treat with courtesy/respect	CAHPS	1	0.35
7	Likelihood recommending hospital	PG	5	0.53
9	How well your pain was controlled	PG	2	0.40
10	Cleanliness of hospital environment	CAHPS	1	0.33

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7West		Your Top Box Score				All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank		
Rate hospital 0-10	134	52%	52%	-	4	4	1		
Recommend the hospital	135	63%	58%	▼	11	11	1		
Comm w/ Nurses	136	57%	65%	▲	2	2	17		
Nurses treat with courtesy/respect	136	62%	71%	▲	2	2	21		
Nurses listen carefully to you	134	58%	61%	▲	2	2	8		
Nurses expl in way you understand	133	50%	63%	▲	4	4	20		
Response of Hosp Staff	104	45%	39%	▼	1	1	1		
Call button help soon as wanted it	93	49%	45%	▼	2	2	1		
Help toileting soon as you wanted	42	41%	33%	▼	1	1	1		
Comm w/ Doctors	135	77%	76%	▼	17	17	24		
Doctors treat with courtesy/respect	133	83%	80%	▼	7	7	14		
Doctors listen carefully to you	134	73%	77%	▲	33	33	53		
Doctors expl in way you understand	134	74%	70%	▼	17	17	30		
Hospital Environment	136	49%	52%	▲	3	3	4		
<b>Cleanliness of hospital environment</b>	<b>132</b>	<b>41%</b>	<b>52%</b>	▲	<b>1</b>	<b>1</b>	<b>2</b>		
Quietness of hospital environment	136	57%	51%	▼	27	27	32		
Pain Management	93	57%	55%	▼	1	1	1		
Pain well controlled	90	54%	53%	▼	5	5	1		
Staff do everything help with pain	91	60%	57%	▼	1	1	1		
Comm About Medicines	96	50%	51%	▲	4	4	1		
Tell you what new medicine was for	93	66%	62%	▼	3	3	1		
Staff describe medicine side effect	96	33%	41%	▲	10	10	4		
Discharge Information	130	71%	77%	▲	9	9	1		
Staff talk about help when you left	127	63%	72%	▲	7	7	1		
Info re symptoms/prob to look for	128	78%	82%	▲	18	18	14		

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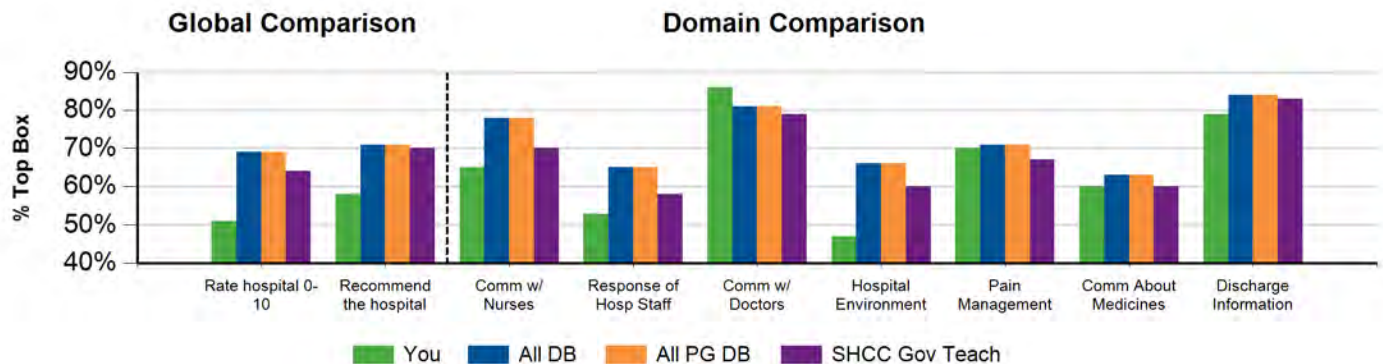
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Staff include decisions re:trtmnt	PG	1	0.49
2	Nurses' attitude toward requests	PG	1	0.48
3	Friendliness/courtesy of the nurses	PG	1	0.45
4	Promptness response to call	PG	1	0.45
5	Room cleanliness	PG	1	0.45
6	Skill of the nurses	PG	1	0.43
7	Cleanliness of hospital environment	CAHPS	1	0.43
8	Explanations:happen during T&T	PG	1	0.43
8	Staff worked together care for you	PG	2	0.48
10	Staff concern for your privacy	PG	2	0.47

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8East		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	129	44%	51%	▲	4	4	1	
Recommend the hospital	132	55%	58%	▲	11	11	1	
Comm w/ Nurses	134	55%	65%	▲	2	2	21	
Nurses treat with courtesy/respect	133	54%	67%	▲	1	1	8	
Nurses listen carefully to you	132	53%	64%	▲	5	5	23	
Nurses expl in way you understand	132	58%	65%	▲	7	7	32	
Response of Hosp Staff	112	38%	53%	▲	7	7	28	
Call button help soon as wanted it	104	34%	52%	▲	8	8	5	
Help toileting soon as you wanted	56	42%	54%	▲	8	8	39	
Comm w/ Doctors	133	79%	86%	▲	87	87	99	
Doctors treat with courtesy/respect	131	84%	90%	▲	77	77	99	
Doctors listen carefully to you	132	81%	83%	▲	77	77	83	
Doctors expl in way you understand	130	71%	85%	▲	94	94	99	
Hospital Environment	133	41%	47%	▲	1	1	1	
Cleanliness of hospital environment	129	37%	43%	▲	1	1	1	
Quietness of hospital environment	131	46%	52%	▲	29	29	33	
Pain Management	106	63%	70%	▲	39	39	71	
Pain well controlled	104	63%	66%	▲	67	67	84	
Staff do everything help with pain	104	63%	73%	▲	17	17	54	
Comm About Medicines	99	55%	60%	▲	32	32	58	
Tell you what new medicine was for	96	66%	70%	▲	15	15	18	
Staff describe medicine side effect	95	44%	51%	▲	55	55	74	
Discharge Information	125	73%	79%	▲	16	16	14	
Staff talk about help when you left	122	64%	80%	▲	38	38	75	
Info re symptoms/prob to look for	120	81%	78%	▼	9	9	1	

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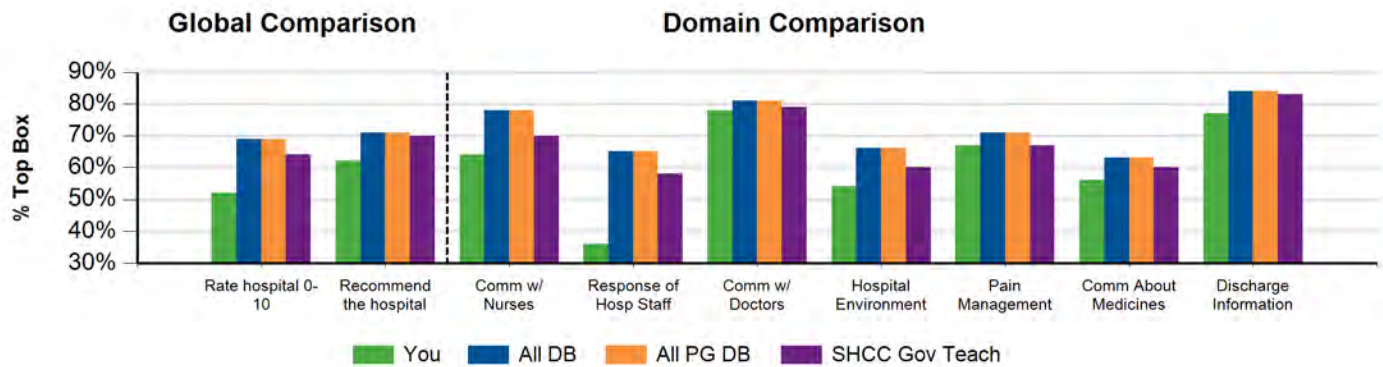
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Overall rating of care given	PG	1	0.57
2	Attention to special/personal needs	PG	1	0.57
3	Nurses' attitude toward requests	PG	1	0.54
4	Staff worked together care for you	PG	1	0.53
5	Response concerns/complaints	PG	1	0.53
6	Nurses kept you informed	PG	1	0.53
6	Pleasantness of room decor	PG	2	0.55
8	Promptness response to call	PG	1	0.52
9	Accommodations & comfort visitors	PG	1	0.51
10	Staff addressed emotional needs	PG	2	0.52

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.





8South		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	109	57%	52%	▼	4	4	1	
Recommend the hospital	111	66%	62%	▼	19	19	12	
Comm w/ Nurses	112	62%	64%	▲	2	2	12	
Nurses treat with courtesy/respect	112	67%	64%	▼	1	1	3	
Nurses listen carefully to you	112	58%	66%	▲	7	7	38	
Nurses expl in way you understand	110	62%	62%	-	3	3	15	
Response of Hosp Staff	97	49%	36%	▼	1	1	1	
Call button help soon as wanted it	91	51%	40%	▼	1	1	1	
Help toileting soon as you wanted	48	47%	33%	▼	1	1	1	
Comm w/ Doctors	112	80%	78%	▼	27	27	41	
Doctors treat with courtesy/respect	112	85%	79%	▼	4	4	1	
Doctors listen carefully to you	110	81%	77%	▼	37	37	54	
Doctors expl in way you understand	109	74%	77%	▲	60	60	70	
Hospital Environment	112	55%	54%	▼	6	6	23	
Cleanliness of hospital environment	112	54%	56%	▲	1	1	9	
Quietness of hospital environment	110	55%	52%	▼	28	28	33	
Pain Management	91	66%	67%	▲	23	23	60	
Pain well controlled	91	60%	65%	▲	58	58	81	
Staff do everything help with pain	89	72%	70%	▼	9	9	36	
Comm About Medicines	87	53%	56%	▲	11	11	7	
Tell you what new medicine was for	85	66%	69%	▲	14	14	13	
Staff describe medicine side effect	84	41%	42%	▲	12	12	10	
Discharge Information	108	80%	77%	▼	11	11	1	
Staff talk about help when you left	106	76%	75%	▼	17	17	19	
Info re symptoms/prob to look for	105	84%	79%	▼	10	10	1	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

[Click here to access the Summary Report Guide](#)

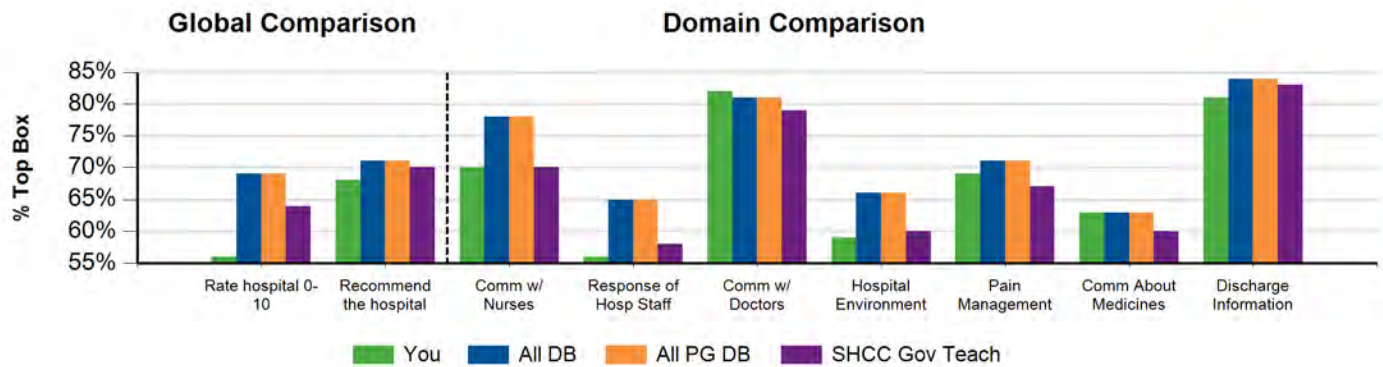
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## Survey items are correlated to HCAHPS Overall Rating 0-10

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Nurses' attitude toward requests	PG	1	0.51
2	Staff include decisions re:trtmnt	PG	2	0.53
3	Staff addressed emotional needs	PG	1	0.50
4	Overall rating of care given	PG	2	0.52
5	Explanations:happen during T&T	PG	2	0.52
6	Nurses kept you informed	PG	1	0.49
7	Skill of the nurses	PG	1	0.49
8	Likelihood recommending hospital	PG	5	0.53
9	Room cleanliness	PG	1	0.48
9	Noise level in and around room	PG	2	0.51

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.



8West		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	139	57%	56%	▼	8	8	12	
Recommend the hospital	140	63%	68%	▲	36	36	46	
Comm w/ Nurses	141	65%	70%	▲	7	7	52	
Nurses treat with courtesy/respect	141	74%	73%	▼	3	3	43	
Nurses listen carefully to you	141	59%	71%	▲	23	23	76	
Nurses expl in way you understand	140	63%	66%	▲	8	8	42	
Response of Hosp Staff	130	47%	56%	▲	12	12	37	
Call button help soon as wanted it	122	45%	57%	▲	19	19	52	
Help toileting soon as you wanted	69	49%	55%	▲	10	10	42	
Comm w/ Doctors	141	82%	82%	-	63	63	80	
Doctors treat with courtesy/respect	138	87%	86%	▼	36	36	54	
Doctors listen carefully to you	137	81%	81%	-	64	64	75	
Doctors expl in way you understand	141	78%	80%	▲	78	78	99	
Hospital Environment	141	50%	59%	▲	19	19	54	
Cleanliness of hospital environment	140	51%	63%	▲	9	9	41	
Quietness of hospital environment	139	49%	55%	▲	40	40	36	
Pain Management	120	70%	69%	▼	33	33	68	
Pain well controlled	120	61%	60%	▼	26	26	57	
Staff do everything help with pain	117	79%	78%	▼	45	45	75	
Comm About Medicines	111	62%	63%	▲	52	52	92	
Tell you what new medicine was for	106	77%	75%	▼	47	47	88	
Staff describe medicine side effect	111	48%	50%	▲	55	55	74	
Discharge Information	133	82%	81%	▼	26	26	40	
Staff talk about help when you left	130	77%	78%	▲	33	33	68	
Info re symptoms/prob to look for	127	87%	83%	▼	24	24	21	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

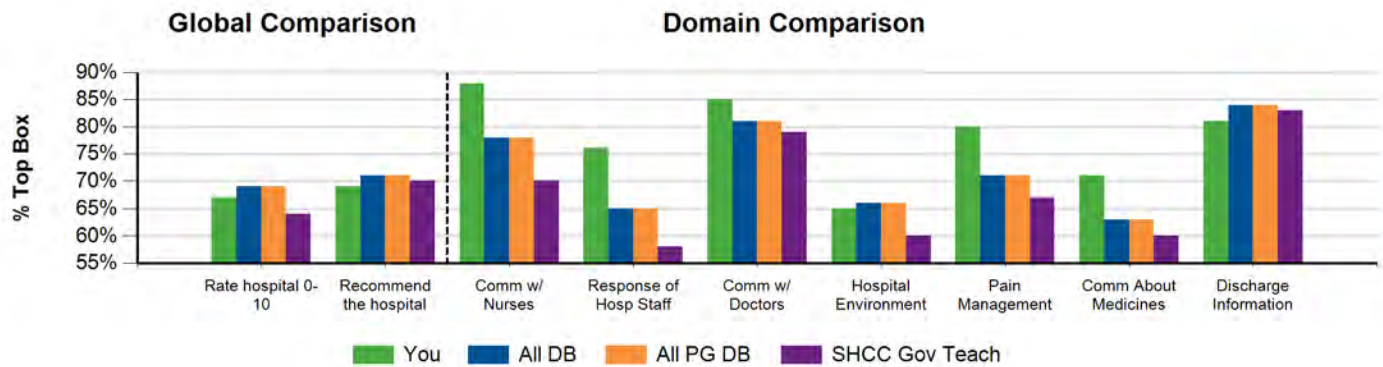
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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Overall rating of care given	PG	1	0.58
2	Staff worked together care for you	PG	1	0.53
3	Attention to special/personal needs	PG	1	0.52
4	Response concerns/complaints	PG	1	0.50
4	Staff concern for your privacy	PG	2	0.55
6	Wait time for test or treatments	PG	1	0.49
7	Accommodations & comfort visitors	PG	3	0.55
8	Staff attitude toward visitors	PG	1	0.48
9	Nurses' attitude toward requests	PG	1	0.48
9	Likelihood recommending hospital	PG	5	0.60

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.



CCU		Your Top Box Score			All DB N = 1721	All PG DB N = 1721	SHCC Gov Teach N = 9	
Domains and Questions	n	Previous % Jul 10-Jun 11	Current % Jul 11-Jun 12		Percentile Rank	Percentile Rank	Percentile Rank	
Rate hospital 0-10	42	48%	67%	▲	38	38	66	
Recommend the hospital	42	68%	69%	▲	40	40	49	
Comm w/ Nurses	43	75%	88%	▲	96	96	99	
Nurses treat with courtesy/respect	42	81%	93%	▲	95	95	99	
Nurses listen carefully to you	43	77%	88%	▲	98	98	99	
Nurses expl in way you understand	43	68%	81%	▲	89	89	99	
Response of Hosp Staff	32	62%	76%	▲	89	89	99	
Call button help soon as wanted it	27	68%	78%	▲	93	93	99	
Help toileting soon as you wanted	15	56%	73%	▲	80	80	97	
Comm w/ Doctors	44	80%	85%	▲	80	80	99	
Doctors treat with courtesy/respect	43	87%	88%	▲	65	65	95	
Doctors listen carefully to you	44	80%	89%	▲	94	94	99	
Doctors expl in way you understand	44	73%	77%	▲	61	61	73	
Hospital Environment	43	61%	65%	▲	50	50	72	
<b>Cleanliness of hospital environment</b>	<b>43</b>	<b>55%</b>	<b>70%</b>	▲	<b>34</b>	<b>34</b>	<b>71</b>	
Quietness of hospital environment	43	68%	60%	▼	62	62	90	
Pain Management	23	77%	80%	▲	96	96	99	
Pain well controlled	23	71%	78%	▲	98	98	99	
Staff do everything help with pain	23	83%	83%	-	78	78	98	
Comm About Medicines	37	68%	71%	▲	90	90	99	
Tell you what new medicine was for	37	80%	81%	▲	84	84	99	
Staff describe medicine side effect	35	55%	60%	▲	91	91	99	
Discharge Information	38	79%	81%	▲	27	27	43	
Staff talk about help when you left	37	79%	76%	▼	18	18	21	
Info re symptoms/prob to look for	38	80%	87%	▲	47	47	58	

Please note that unit-level benchmarking is derived by comparing the unit's performance to all organizations in the peer group. To understand the context of a unit's performance relative to similar units, we recommend using the specialty report pages when those are available.

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

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**Survey items are correlated to HCAHPS Overall Rating 0-10**

Order	Survey Item	Source	All DB %ile Rank	Correlation
1	Courtesy of person started IV	PG	8	0.63
2	Staff include decisions re:trtmnt	PG	17	0.75
3	Courtesy of person took blood	PG	8	0.58
4	Attention to special/personal needs	PG	13	0.54
5	Room cleanliness	PG	26	0.62
6	Quality of the food	PG	15	0.51
7	Time physician spent with you	PG	38	0.66
8	Likelihood recommending hospital	PG	43	0.71
9	Physician concern questions/worries	PG	21	0.54
9	Cleanliness of hospital environment	CAHPS	34	0.60

The priority index combines information about your organization's performance and the relative importance of each question to respondents' overall rating. Higher priority is given to those issues that are relatively more important to respondents (higher correlation coefficients) and relatively lower performing (lower percentile rank) for your organization. Questions are listed in decreasing priority. To provide stability, the Priority Index is based on the prior rolling 12 month period.

## Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

**140124-JOHN H STROGER JR HOSPITAL**

Address: 1901 W HARRISON ST  
 City, State, ZIP: CHICAGO, IL 60612  
 Phone Number: (312) 864-6000  
 County Name: COOK

Type of Facility: Short-term  
 Type of Ownership: Government - Local  
 Emergency Service Provided: Yes

Participation in a Systematic Database for:  
 Cardiac Surgery: Does Not Have a Program  
 Stroke Care: No  
 Nursing Sensitive Care: No

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
<b>Acute Myocardial Infarction (AMI)</b>					
AMI-2	Aspirin Prescribed at Discharge	100% of 256 patients(2)	100%	99%	99%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients(2)	100%	75%	60%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	100% of 14 patients(1)	100%	95%	94%
AMI-10	Statin Prescribed at Discharge	96% of 256 patients(2)	100%	98%	98%
<b>Heart Failure (HF)</b>					
HF-1	Discharge Instructions	76% of 287 patients(2)	100%	95%	93%
HF-2	Evaluation of LVS Function	100% of 294 patients(2)	100%	99%	99%
HF-3	ACEI or ARB for LVSD	100% of 152 patients(2)	100%	97%	96%
<b>Pneumonia (PN)</b>					
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	94% of 142 patients(2)	100%	98%	97%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	69% of 102 patients(2)	100%	93%	95%
<b>Surgical Care Improvement Project (SCIP)</b>					
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	97% of 323 patients(2)	100%	98%	98%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	97% of 321 patients(2)	100%	99%	98%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	97% of 315 patients(2)	100%	97%	97%

## Hospital Performance

Reporting Period for Clinical Process Measures: Second Quarter 2011 through First Quarter 2012 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
<b>Surgical Care Improvement Project (SCIP)</b>					
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose	88% of 133 patients(2)	99%	96%	96%
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	99% of 154 patients(2)	100%	95%	95%
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	99% of 304 patients(2)	100%	100%	100%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	98% of 130 patients(2)	100%	97%	96%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	99% of 231 patients(2)	100%	98%	98%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	99% of 230 patients(2)	100%	97%	97%
<b>Emergency Department (ED)</b>					
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	640 Minutes based on 307 patients(2)	175 Minutes	265 Minutes	277 Minutes
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	267 Minutes based on 307 patients(2)	43 Minutes	92 Minutes	98 Minutes
<b>Immunization (IMM)</b>					
IMM-1a	Pneumococcal Immunization	41% of 207 patients(2)	98%	90%	88%
IMM-2	Influenza Immunization	65% of 306 patients(2)	98%	88%	86%

**Footnote Legend****0 patients: No patients met the criteria for inclusion in the measure calculation.**

1. The number of cases is too small to reliably tell how well a hospital is performing.
2. Measure reflects the hospital's indication that its submission was based upon a sample of its relevant discharges.
3. Rate reflects fewer than maximum possible quarters of data.
4. Suppressed for one or more quarters by CMS.
5. No data are available for publication from the hospital for this measure.

## Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: Second Quarter 2011 through First Quarter 2012 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

Address: 1901 W HARRISON ST  
 City, State, ZIP: CHICAGO, IL 60612  
 Phone Number: (312) 864-6000  
 County Name: COOK

Type of Facility: Short-term  
 Type of Ownership: Government - Local  
 Emergency Service Provided: Yes

Participation in a Systematic Database for:  
 Cardiac Surgery: Does Not Have a Program  
 Stroke Care: No  
 Nursing Sensitive Care: No

## HCAHPS Survey Completion and Response Rate

Number of Completed Surveys 1216

Survey Response Rate 16

## HCAHPS Composites and Individual Items

		Your Hospital's Adjusted Score			State Average			U.S. Average					
HCAHPS Composites		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always			
Composite 1 (Q1 to Q3)	Communication with Nurses	11	22	67	5	18	77	5	17	78			
Composite 2 (Q5 to Q7)	Communication with Doctors	4	15	81	4	15	81	4	15	81			
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	24	26	50	10	25	65	10	24	66			
Composite 4 (Q13 & Q14)	Pain Management	10	23	67	7	23	70	7	23	70			
Composite 5 (Q16 & Q17)	Communication about Medicines	26	17	57	20	19	61	19	18	63			
Hospital Environment Items		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always			
Q8	Cleanliness of Hospital Environment	22	25	53	9	19	72	9	18	73			
Q9	Quietness of Hospital Environment	19	30	51	12	31	57	11	29	60			
Discharge Information Composite		% Yes		% No		% Yes		% No		% Yes		% No	
Composite 6 (Q19 & Q20)	Discharge Information	78		22		84		16		84		16	



## Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: Second Quarter 2011 through First Quarter 2012 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

## HCAHPS Global Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q21	Overall Rating of Hospital	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital (0 = Worst Hospital 10 = Best Hospital)		16	31	53	9	23	68	8	23	69
		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q22	Willingness to Recommend this Hospital	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		7	31	62	5	27	68	5	25	70

## Footnote Legend

6. Fewer than 100 Patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
7. Survey results are based on less than 12 months of data.
8. Survey results are not available for this reporting period.
9. No or very few patients were eligible for the HCAHPS survey.
11. There were discrepancies in the data collection process.
12. Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.

## Hospital Performance

Reporting Period for 30-Day Mortality and Readmission Outcome Measures: Third Quarter 2008 through Second Quarter 2011 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

Address: 1901 W HARRISON ST  
 City, State, ZIP: CHICAGO, IL 60612  
 Phone Number: (312) 864-6000  
 County Name: COOK

Type of Facility: Short-term  
 Type of Ownership: Government - Local  
 Emergency Service Provided: Yes

Participation in a Systematic Database for:  
 Cardiac Surgery: Does Not Have a Program  
 Stroke Care: No  
 Nursing Sensitive Care: No

## 30-Day Risk-Standardized Mortality Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk- Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
Acute Myocardial Infarction (AMI)											
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	No Different than U.S. National Rate	49	15.5% (11.5%, 20.9%)	15.5%		in the <b>Nation</b> that Performed ...	72	2668	23	1842
							in the <b>State</b> that Performed ...	8	115	1	57
Heart Failure (HF)											
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	144	9.8% (6.9%, 13.5%)	11.6%		in the <b>Nation</b> that Performed ...	196	3801	119	705
							in the <b>State</b> that Performed ...	22	150	5	8
Pneumonia (PN)											
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	72	10.9% (7.4%, 15.9%)	12%		in the <b>Nation</b> that Performed ...	189	4056	219	380
							in the <b>State</b> that Performed ...	17	153	10	5

## Hospital Performance

Reporting Period for 30-Day Mortality and Readmission Outcome Measures: Third Quarter 2008 through Second Quarter 2011 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

## 30-Day Risk-Standardized Readmission Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
Acute Myocardial Infarction (AMI)											
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	No Different than U.S. National Rate	52	21.7% (17.2%, 27.2%)	19.7%		in the <b>Nation</b> that Performed ...	30	2338	41	2110
							in the <b>State</b> that Performed ...	1	106	2	73
Heart Failure (HF)											
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	175	25.9% (21.7%, 30.5%)	24.7%		in the <b>Nation</b> that Performed ...	95	3959	162	613
							in the <b>State</b> that Performed ...	1	163	15	6
Pneumonia (PN)											
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	82	19.5% (15.4%, 24.6%)	18.5%		in the <b>Nation</b> that Performed ...	33	4325	125	376
							in the <b>State</b> that Performed ...	0	170	11	5

## Footnote Legend

\*The Number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.

5. No data are available for publication from the hospital for this measure.

## Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

Address: 1901 W HARRISON ST  
 City, State, ZIP: CHICAGO, IL 60612  
 Phone Number: (312) 864-6000  
 County Name: COOK

Type of Facility: Short-term  
 Type of Ownership: Government - Local  
 Emergency Service Provided: Yes

Participation in a Systematic Database for:  
 Cardiac Surgery: Does Not Have a Program  
 Stroke Care: No  
 Nursing Sensitive Care: No

## AHRQ Measures - Patient Safety Indicators

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's PSI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate per 1,000	Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Patient Safety Indicators (PSIs)										
PSI-4	Death among surgical inpatients with serious treatable complications	No Different than U.S. National Rate	51	147.69 (103.14, 192.24)	113.43	in the <b>Nation</b> that Performed ...	63	1888	84	961
						in the <b>State</b> that Performed ...	10	87	1	26
PSI-6	Iatrogenic pneumothorax, adult	No Different than U.S. National Rate	4319	0.37 (0.02, 0.72)	0.35	in the <b>Nation</b> that Performed ...	10	3358	77	41
						in the <b>State</b> that Performed ...	0	129	2	2
PSI-11	Post-Operative Respiratory Failure	No Different than U.S. National Rate	N/A	N/A	N/A	in the <b>Nation</b> that Performed ...	201	2458	251	231
						in the <b>State</b> that Performed ...	4	96	15	6

## Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

## AHRQ Measures - Patient Safety Indicators

AHQ Measures - Patient Safety Indicators											
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's PSI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate per 1,000		Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Patient Safety Indicators (PSIs)											
PSI-12	Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	No Different than U.S. National Rate	758	6.81 (3.32, 10.30)	4.71		in the <b>Nation</b> that Performed ...	220	2768	229	110
							in the <b>State</b> that Performed ...	4	99	23	3
PSI-14	Postoperative wound dehiscence	No Different than U.S. National Rate	194	0.61 (0.00, 2.45)	0.95		in the <b>Nation</b> that Performed ...	0	2753	40	370
							in the <b>State</b> that Performed ...	0	123	1	3
PSI-15	Accidental puncture or laceration	No Different than U.S. National Rate	4599	1.52 (0.17, 2.87)	2.05		in the <b>Nation</b> that Performed ...	156	3050	238	42
							in the <b>State</b> that Performed ...	14	109	8	2
Composite Patient Safety Indicator (PSI)											
PSI-90	Complication / patient safety for selected indicators (composite)	No Different than U.S. National Rate	N/A	N/A	N/A		in the <b>Nation</b> that Performed ...	156	3115	215	N/A
							in the <b>State</b> that Performed ...	6	118	9	N/A

## Hospital Performance

Reporting Period for AHRQ Patient Safety and Inpatient Quality Indicators: Third Quarter 2009 through Second Quarter 2011 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

## AHRQ Measures - Inpatient Quality Indicators

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's IQI Rate (Lower Limit, Upper Limit of 95% Confidence Interval)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate / Value	No Different than U.S. National Rate / Value	Worse than U.S. National Rate / Value	Number of Cases Too Small*
Individual Inpatient Quality Indicators (IQIs)											
IQI-11	Abdominal aortic aneurysm (AAA) repair mortality	N/A	N/A	N/A	N/A		in the <b>Nation</b> that Performed ...	N/A	N/A	N/A	N/A
							in the <b>State</b> that Performed ...	N/A	N/A	N/A	N/A
IQI-19	Hip fracture mortality rate	N/A	N/A	N/A	N/A		in the <b>Nation</b> that Performed ...	N/A	N/A	N/A	N/A
							in the <b>State</b> that Performed ...	N/A	N/A	N/A	N/A
Composite Inpatient Quality Indicator (IQI)											
IQI-91	Mortality for selected medical conditions (composite)	N/A	N/A	N/A	N/A		in the <b>Nation</b> that Performed ...	N/A	N/A	N/A	N/A
							in the <b>State</b> that Performed ...	N/A	N/A	N/A	N/A

## Hospital Performance

Reporting Period for Hospital Acquired Conditions Measures: Third Quarter 2009 through Second Quarter 2011 Discharges

**140124-JOHN H STROGER JR HOSPITAL**

<b>Hospital Acquired Condition</b>			
Hospital Quality Measures	Your Hospital's Performance Rate (per 1,000 discharges)	Your Hospital's Number of Eligible Discharges (Denominator)	U.S. National Rate (per 1,000 discharges)
<b>Hospital Acquired Condition (HAC)</b>			
Foreign object retained after surgery	0.000	4729	0.028
Air embolism	0.000	4729	0.003
Blood incompatibility	0.000	4729	0.001
Pressure ulcer stages III and IV	0.211	4729	0.136
Falls and trauma	0.423	4729	0.527
Vascular catheter-associated infection	1.269	4729	0.372
Catheter-associated UTI	0.211	4729	0.358
Manifestations of poor glycemic control	0.423	4729	0.058

## Hospital Performance

Reporting Period for Healthcare Associated Infection Measures: Second Quarter 2011 through First Quarter 2012 Discharges

## 140124-JOHN H STROGER JR HOSPITAL

## Healthcare Associated Infection Measures

Hospital Quality Measures	Your Hospital's Reported Number of Infections	Device Days / Procedures	Your Hospital's Predicted Number of Infections	Ratio of Reported to Predicted Infections (SIR)	Your Hospital's Performance	State Standardized Infection Ratio	U.S. National Standardized Infection Ratio	Confidence Interval
<b>Central Line Associated Bloodstream Infection (CLABSI)</b>								
Central Line Associated Bloodstream Infection	23	13884	35.133	0.655	Better than the U.S. National Average	0.632	0.556	0.415 -- 0.982
<b>Catheter Associated Urinary Tract Infection (CAUTI)</b>								
Catheter Associated Urinary Tract Infections	3	2179	5.498	0.546	Better than the U.S. National Average	1.110	1.037	0.113 -- 1.595
<b>Surgical Site Infection (SSI)</b>								
SSI-Colon Surgery	0	48	1.743	0.000	Better than the U.S. National Average	0.603	0.838	N/A
SSI-Abdominal Hysterectomy	0	48	0.504	N/A(5)	N/A	1.110	0.977	N/A

**Footnote Legend**

3. Rate reflects fewer than maximum possible quarters of data.

5. No data are available for publication from the hospital for this measure.

14. No data are available for publication from the hospital for this measure because there were zero central line days.

15. No data are available for publication from the hospital for this measure because this hospital does not have ICU locations for one or more quarters.



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
October 16, 2012

ATTACHMENT #4

# John H. Stroger, Jr. Hospital of Cook County



## Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Azmat, Awais, MD Appointment Effective:	Family Medicine/ACHN October 16, 2012 thru October 15, 2014	Active Physician
Carballo, Mauricio D., MD Appointment Effective:	Medicine/Hospital Medicine October 16, 2012 thru October 15, 2014	Voluntary Physician
Eahrman, Robert, MD Appointment Effective:	Emergency Medicine October 16, 2012 thru October 15, 2014	Voluntary Physician
Golzar, Yasmeen A., MD Appointment Effective:	Medicine/Adult Cardiology October 16, 2012 thru October 15, 2014	Active Physician
Gomez Valencia, Javier, MD Appointment Effective:	Medicine/Hospital Medicine October 16, 2012 thru October 15, 2014	Voluntary Physician
Hodowanec, Aimee C., MD Appointment Effective:	Medicine/Infectious Disease October 16, 2012 thru October 15, 2014	Voluntary Physician
Masinter, Lisa, MD Appointment Effective:	Obstetrics/Gynecology October 16, 2012 thru October 15, 2014	Voluntary Physician
Mohiuddin, Reshma, DO Appointment Effective:	Medicine/ACHN October 16, 2012 thru October 15, 2014	Active Physician
Napoles, Phyllis, MD Appointment Effective:	Surgery/General Surgery October 16, 2012 thru October 15, 2014	Voluntary Physician
Pierko, Krzysztof, MD Appointment Effective:	Medicine/Hospital Medicine October 16, 2012 thru October 15, 2014	Voluntary Physician

### INITIAL PRIVILEGES FOR NON MEDICAL STAFF

Knudson, Charles R. PA-C With Kysia, Rashid Fuad, MD <i>Alternate Moskoff, Jordan, B., MD</i> Effective:	Emergency Medicine October 16, 2012 thru October 15, 2014	Physician Assistant
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Mores, Ashley M., PA-C With Moskoff, Jordan, B., MD <i>Alternate Kysia, Rashid Fuad, MD</i> Effective:	Emergency Medicine October 16, 2012 thru October 15, 2014	Physician Assistant
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Weinstein, Ludmila, OD Appointment Effective:	Correctional Health Services/Optometry October 16, 2012 thru October 15, 2014	Voluntary Optometrist
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Physician Assistant  
CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 16, 2012

**John H. Stroger, Jr. Hospital of Cook County (continued)**

**REAPPOINTMENT APPLICATIONS**

**Department of Correctional Health Services**

Kelner, David Dimitri, MD	Psychiatry	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	
McNeal Jenea Nicole, MD	Psychiatry	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	
Patrianakos, Thomas Dimitrios, MD	Ophthalmology	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	
Susnjar, Mirella, MD	Psychiatry	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	
Thomas, Lynelle, MD	Psychiatry	Voluntary Physician
Reappointment Effective:	November 25, 2012 thru November 24, 2014	

**Department of Emergency Medicine**

Chai, Austen-Kum, MD	Emergency Medicine	Active Physician
Reappointment Effective:	November 25, 2012 thru November 24, 2014	
Hedayati, Tarlan, MD	Emergency Medicine	Active Physician
Reappointment Effective:	November 25, 2012 thru November 24, 2014	

**Department of Family Medicine**

Dolan, Margaret, MD	Family Medicine	Voluntary Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	

**Department of Medicine**

Block, Joel A., MD	Rheumatology	Voluntary Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Case, John P., MD	Rheumatology	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Clarke, Peter M., MD	General Medicine	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Conover, Craig S., MD	Infectious Disease	Voluntary Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Engel, George H., MD	Dermatology	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Irons, Sharon A., MD	General Medicine	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	

Item VIII(A) – October 16, 2012

CCHHS Quality and Patient Safety Committee Meeting

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 16, 2012

**REVISED**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Medicine (continued)**

Polyakova, Elina S., MD, MPH	Hospital Medicine	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	
Rogers, Susan F., MD	Hospital Medicine	Active Physician
Reappointment Effective:	November 19, 2012 thru November 18, 2014	
Smith, Pamela D., MD	General Medicine	Active Physician
Reappointment Effective:	November 13, 2012 thru November 12, 2014	

**Department of Pediatrics**

Barrios, Felipe, MD	Neonatology	Service Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Cattamanchi, Geetha R., MD	Neonatology	Service Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Rak, Melanie, MD	Physical Med & Rehabilitation	Voluntary Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Siffermann, Emily, MD	Child Protective Services	Voluntary Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	

**Department of Radiology**

Apushkin, Michael, MD	Radiology	Active Physician
Reappointment Effective:	October 18, 2012 thru October 17, 2014	
Tan, Walter Seng, MD	Radiology	Active Physician
Reappointment Effective:	November 16, 2012 thru November 15, 2014	

**Department of Surgery**

Becker, Norbert, MD	Ophthalmology	Consulting Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	
Dodson, Stanton, MD	General Surgery	Voluntary Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	
Gonzales, Mark, MD	Orthopaedics	Active Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	
Meyers, Roberts, MD	Otolaryngology	Honorary Physician
Reappointment Effective:	October 19, 2012 thru October 18, 2014	
Prinz, Richard, MD	General	Voluntary Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	
Richter, Harry, MD	General	Active Physician
Reappointment Effective:	October 19, 2012 thru October 18, 2014	

**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON OCTOBER 16, 2012**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Trauma**

Wiley, Dorion E., MD	Trauma	Active Physician
Reappointment Effective:	October 18, 2012 thru October 17, 2014	

Starr, Frederic L., MD	Trauma	Active Physician
Reappointment Effective:	October 19, 2012 thru October 18, 2014	

**Renewal of Privileges for Non-Medical Staff:**

Gallagher, Maureen A., CNP	Medicine/Infectious Disease	Nurse Practitioner
With Badri, Sheila M., MD		
Effective:	November 25, 2012 thru November 24, 2014	

Haerr, Pamela J., CNP	Pediatrics/Peds Medicine	Nurse Practitioner
With Boyer, Kenneth M., MD		
Effective:	December 19, 2012 thru December 18, 2014	

Lange, Jane A., CNP	Surgery/Urology	Nurse Practitioner
With Hollowell, Courtney M., MD		
Effective:	November 25, 2012 thru November 24, 2014	

MacArthur, Emily R., CRNA	Anesthesiology	Nurse Anesthetist
Effective:	November 25, 2012 thru November 24, 2014	

Wolen, Deborah L., CNP	Medicine/Infectious Disease	Nurse Practitioner
With Barker, David E., MD		
Effective:	December 19, 2012 thru December 18, 2014	

**Medical Staff Additional Clinical Privileges**

Sethi, Puja, MD	Active Physician	outpatient Pediatrics and Prenatal Care privileges in Family Medicine
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**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON OCTOBER 16, 2012**

# Provident Hospital of Cook County



## Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Strauss, Ronald, MD Appointment Effective:	Clinical Labs/Pathology October 16, 2012 thru September 20, 2013	Affiliate Physician
Warrior, Lakshmi, MD Appointment Effective:	Internal Medicine/Neurology October 16, 2012 thru August 20, 2014	Affiliate Physician

### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology

Hosseinian, Mohammad, MD Reappointment Effective:	Anesthesiology November 25, 2012 thru October 19, 2014	Active Physician
Johnson, Kimberly, MD Reappointment Effective:	Anesthesiology November 30, 2012 thru October 19, 2014	Active Physician
Kirby, Marlon, MD Reappointment Effective:	Anesthesiology November 30, 2012 thru October 19, 2014	Active Physician
Krause, Mark, MD Reappointment Effective:	Anesthesiology November 29, 2012 thru October 21, 2013	Active Physician

#### Department of Emergency Medicine

Simeakis, Sophie, DO Reappointment Effective:	Emergency October 16, 2012 thru October 15, 2013	Active Physician
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#### Department of Family Medicine

Dixie, Dora, MD Reappointment Effective:	Family Medicine October 17, 2012 thru October 16, 2014	Active Physician
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#### Department of Internal Medicine

Thomas, Bonnie W., MD Reappointment Effective:	Internal Medicine October 16, 2012 thru October 15, 2014	Active Physician
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#### Non-Medical Staff Renewal of Privileges:

Shah, Chandrika H., PA-C With Crawford, Clifford S., MD Alternate Ansari, Shahid A., MD With Failma, Rogelio G., MD Alternate Canning, John R., MD Effective:	Surgery / General Surgery  Surgery / Urology October 17, 2012 thru October 16, 2014	Physician Assistant
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**CCHHS  
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 16, 2012**